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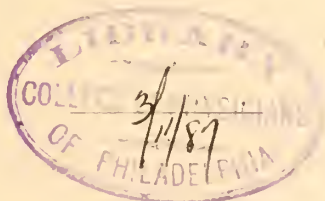
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# THE AMERICAN HOMŒOPATHIST.

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NO. 1.

ORIGIN OF THE PHRASE, "THE HOMŒOPATHISTS HAVE NO SURGEONS."

By Prof.

A handwritten signature in dark ink, reading "J. Ford Helms". The signature is written in a cursive style with a large, ornate initial "J" and a long, sweeping underline.

New York.

WHEN I began the study of medicine in October, 1850, I can safely say that there was—at least in the East—absolutely no surgery done by the Homœopathists. In the three years that I was a student in the Homœopathic Medical College of Pennsylvania, I saw two operations performed in that Institution—one for a cancer of the lower lip, another for a couple of sebaceous tumors of the scalp. The only physicians essaying operations in our college, were Dr. Francis Sims, who was Professor of Surgery, and Dr. Wm. A. Gardiner, Professor of Anatomy. The *medical* clinics were well supplied with material, and were very good.—Dr. Chas. Neidhard was Professor of Clinical Medicine, and Dr. James Kitchen was at that time, I think, Consulting Physician to the Dispensary, which was largely attended, and of which, after the reception of my diploma, I was attending physician for three years. Not long since I was looking over the first volume of the "Transactions of the American Institute of Homœopathy," and I could find no record of anything therein appertaining to surgery—I mean operative surgery. The popular belief was, that "there was no surgery among the Homœopathists." Such was indeed the understanding of the people, and such was the impression *intended* to be conveyed, by nine-tenths of the professors of Homœopathy at that time.

It must be remembered, that those who embraced the doctrine of "Similia" in those days, were generally men more or less advanced in years; men, who were graduated as Allopathists; men who had for the most part discarded operative surgery many years before, as rather distasteful, and whose course of life, habits and reading, led them to the *practice of medicine*, rather than to that of surgery. These men had become converts to a new faith, had the courage of their convictions, and with the zeal which always belongs to proselytes, entered heart and soul into the cultivation and experimentation of the facts belonging to their new cure faith. The enthusiasm of these men was unbounded, their faith in the law of was perfect, their study of the *materia medica* untiring. For the sake of the system they had espoused, they were willing to be ostracised by their former medical friends; they suffered the odious epithets of quack and knave to be heaped upon them; they were expelled from the medical societies to which they belonged, and

their fellow graduates did not recognize them in the public streets. The scalpel to these men was beneath notice. They were intensely bent on proving to the world the truth of that law, for which they had endured so much. They were desirous of publishing to their opponents cures affected by infinitesimal doses of medicine prescribed according to the Homœopathic law, and all else in medical science was to them as naught. They studied *materia medica*, in those days, with a fervency, and with a conscientious sense of its absolute necessity. They were not surgeons, they did not profess so to be; they wished the people to understand that surgery was not within the province of their study, and were glad to proclaim that they had no part or lot in that department of medical science—hence the prevalence of the belief that there was "no surgery among the Homœopathists." Well it is for us that this unanimity of thought, of study, of zeal, and self-sacrifice existed in those days. It was just those conditions that render Homœopathy so secure in its position to-day. It was these elder men, who endured the opprobrium, fought the battles, withstood the obloquy, and came out victorious, that enabled the men of a later period to cultivate the collateral branches. We can only render to these pioneers (those few who survive, and to the memories of those who have passed away), our gratitude for the establishment of the principle upon which they rested their faith, and for which they were willing to risk all that they held most dear in their profession, and which has enabled others to accept the fruit of their labors, and extend their researches toward other departments of science.

It was naturally expected that in this struggle of intense partisanship there would be extremists. In every reform such is the case. It is not surprising that many should claim, and did claim, that by means of medicines, prescribed according to the law of similars, that the surgeon's knife would fall into desuetude, that whitlows need not be opened, that amputation would be prevented, that hemorrhage could be checked, that lithotomy would be abolished, because a calculus need never be allowed

to form; that all tumors could be dispersed and cancers cured by prescribing medicine; and in looking over the older literature of our school, there are many such cases reported, some bearing the stamp of authenticity, but others not bearing criticism.

But with the foundation of the colleges, with an increasing number of young men in attendance whose tastes were "Surgery-ward," the aspect of things gradually changed, and considering the difficulty in revolutionizing public sentiment—has *rapidly* changed—all over the country. In every city, town and village, are men who are not only willing but anxious to perform any surgical operation brought to their notice. Hospitals are established in the great cities where all—no matter of what class or character—surgical cases are treated, and with a success that challenges comparison. The clinics of the colleges are often visited by students of other medical institutions, to observe the peculiar after treatment, and the ubiquitous dispensary patient, who lectures on himself with a fluency that bespeaks long practice, makes his appearance as regularly at our amphitheaters, as at those of the rival colleges, and bears his testimony at least to the fact "that the Homœopathists *now* are pretty good surgeons."

The course that is ordained by a wise Providence in regulating the affairs of human life, whether in classes or individuals, is most inscrutable. When we look back over the past years, we can see, that the cry "the Homœopathists have no surgery" emanated from the Homœopathists themselves; they had no surgeons, and, in those days, they wanted no surgery.

It was necessary for the pioneers to prove first and foremost the truth of the law, and to prove it by facts, facts made plain to the people by the cure of disease. This was the first requisite. Then came, the foundation of the colleges, the establishment of different chairs, and the diffusion of medical knowledge in varied departments. Had it not been for the zeal of the pioneers, they who cared for naught save the medical creed they possessed, Homœopathic institutions would never have been founded; the young men of the day,



having a taste for surgical science, would have been obliged to seek their education in the older institutions, and there imbibing the old teachings and the old practice, and having no field wherein to observe the working of the homœopathic law, to this day the cry would be, "The Homœopathists have no surgeons."

# ON THE SYMPTOMATIC TREATMENT OF DISEASES.

BY

C. G. RAUE, M. D.,

Philadelphia.

(Read before the Pennsylvania Homœopathic Medical Society.)

BEING in the habit of frequently reading in "Hahnemann's lesser writings," for recreation and amusement, I struck upon an article which he wrote in 1809, for Hufeland's *Journal of Practical Medicine*, under the title of *Observations on the Three Current Methods of Treatment*, in which he speaks of the *treatment of the name, of the symptom, and of the cause*. The article is too long to be repeated here, but I thought I could make excellent use of it as a basis if I would speak to you on the *symptomatic treatment of diseases*.

The word, "*disease*," and the name of any "*special disease*," you know, is an *abstract* or a *concept*. If you peel off from a number of different yet similar diseased conditions human flesh is heir to, the dissimilar, or, in other words, if you *abstract in thought* the similar from the dissimilar symptoms of many varied diseased conditions, and *unite* these similar conditions in consciousness, you obtain a *concept* of such conditions ; that is, you grasp together in your mind what is *similar* only in various diseased conditions, and drop all dissimilar symptoms. If you now give to this group of similar symptoms, which occur steadily in certain series of diseased conditions, a particular *title* or *name*, you express with that name an aggregate of symptoms or diseased conditions which frequently occur together, and make up a certain so-called disease. Scarlet fever, for instance, signifies a certain aggregate of symptoms, which, in certain diseased conditions happen to be associated with,

or to follow each other ; and so with all other so-called diseases. The *name*, then, of a disease, merely signifies a certain group of symptoms which is common to a whole series of certain diseased conditions, but it does not specify at all the single *case*, which, beside its simile to the whole group, has also its *own individual character*.

If we now should undertake to treat diseases by their *names*, we would indeed treat them *symptomatically*, that is the symptoms which the name implies would stand more or less clearly before our mind ; but we would not trouble ourselves about the *individual character* of the case. And what a relief that would be ! Indeed, treating by *name* is perhaps the most convenient method of all in dealing with diseases, and is as old, as old women have dabbled in medicine, as herb-books have told their oracles, and quacks have sold their specifics.

Only think how simple ! "If the patient has the gout, give him sulphuric acid ; the remedy for rheumatism is mercury ; cinchona is good for ague, simaruba for dysentery, squills for dropsy ! " Thus summarizes Hahnemann some of the specifics in vogue at his time. But *we* don't do that any more. Surely not ! Now-a-days it reads : If the patient has the gout, give him colchicum ; the remedy for rheumatism is salicylic acid ; quinine is good for ague, mercury for dysentery, digitalis for dropsy. The thing looks funny ; it seems to be a thing that is subjected to freaks, like fashion, and it surely must be a shallow and quackish sort of practice ; and Hahnemann says of it : "It is so repulsive to me that I cannot dwell long upon it."

Some of its adherents, even at Hahnemann's time, found out that it would not work ; they looked for several remedies for each name of a disease, and pursued the following plan, which Hahnemann humorously describes in these words : If A should not answer, try B, and if this will not do, a choice lies among C, D, E, F, and G ; I have often found H and K of service ; others recommend most highly J and L, and I know some who can not sufficiently praise M, W, and Z, whilst others extol N, R, and T ; S and X, also, are said to be not bad in this disease. Some English physician

recently recommended Quina in preference to all others in this affection; I certainly am inclined to give it a trial." "How frequently?" says another practitioner, "have I formerly cured ague with cinchona, and yet of late years I have met with some cases where I could do nothing with it. One of these, in which bark had long been used in vain, I might almost say with injury to the patient, an old woman in the neighborhood cured with chamomile tea. One of my colleagues cut short two cases of ague with a few emetics, in which neither chamomile tea nor bark in the largest doses was of the slightest service. I tried this method in cases where neither of the two latter medicines did good, but the emetics did no good either; I bethought myself of giving sal-ammoniac, and to my astonishment the patient recovered. Yet have I met with cases, where, after bark, chamomile, and emetics were tried in vain, sal-ammoniac also was of no use. Just about that time I read that gentian and sometimes nuxvomica were useful in ague. I tried them; the former answered in two cases, the latter in three, where neither gentian nor the other medicines were useful. Belladonna is also said to have cured certainly and thoroughly some agues, and we all know what good effects opium often has. Recently I was much struck with a case of quartan ague that had tormented a robust peasant for a year and a half, in spite of the employment of every conceivable remedy; to my astonishment it yielded to a few drops of tincture of ignatia, sent to him by a foreign professor. And between you and me, I must give credit to our hangman for having occasionally effected radical cures of agues that were ineffectually treated by myself and my colleagues, by means of some red drops, which, I am credibly informed, contained arsenic. So obstinate and capricious are agues sometimes!" "My friend," says Hahnemann to this, "do you never suspect that all these were different kinds of agues, or, rather, intermittent diseases, differing completely from one another? If it were possible that an ague could be so capricious and obstinate, wherefore did it yield so readily to one remedy? Do you not suspect that there may be

more than one, that there may be perhaps twenty different kinds of intermittent fever, which parricidal imbecility has included under one head, has asserted all to belong to a single species (intermittent fever), and has sought to combat all with a single remedy, whereas each requires its peculiar remedy, without thereby deserving to be called capricious or obstinate?" "Ah!" continues the other, "but the practical physician has neither the inclination nor the time to draw such fine distinctions betwixt similar diseases and assign to each its appropriate remedy. If the patient tells us he has intermittent fever, I and my colleagues give him" (you fool! do you not wish to become a bit wiser?) "at first an emetic or two; if that does no good, or does harm, we then give him cinchona; if that does not cure in large doses, neither the common root nor the royal bark, we then give—". "Just so," continues Hahnemann, "you blindly give one after the other until you hit upon the right one; but you can only go on with your experiments as long as the patience, the purse, or the life of your patient lasts! Out of these lists of drugs," continues Hahnemann, "which were all said to be good for a 'disease,' the more elegant physicians, to give themselves an air of rationality, constricted their compound prescriptions,—three, four, or six ague remedies, five, six, or eight dropsy remedies, all jumbled together, drawn at haphazard from the list, which were recorded in their manuals under the name, 'intermittent fever,' 'dropsy,' and used in practice by coupling them with some kind of spirits, syrups, etc. In this case, too, the mere name of the disease was combated, but, by your leave, gentlemen, much more *methodically* with several weapons at a time. 'If one ingredient in the mixture does not do any good, then the second and the third, or if all these strings break, the fourth, the sixth, eighth, tenth, fifteenth, may effect the desired object.' Thenceforth, no one would look so unlearned as to prescribe only a single medicine; thenceforth no prescription was given that did not contain a hotch-potch of simple drugs; and that, not for investigated, definite diseases, but for mere

names of diseases ! Parempiricism could not ascend higher ; common sense could not descend lower." So says Hahnemann.

But then, my dear sir, we don't do such things now-a-days ! In the first place, we are *homœopathists* ! we—" Now, please," I hear some one cry, "stop talking about that old-fashioned thing ; we are *scientific* physicians ; we don't want any homœopathic journals, neither homœopathic colleges ; we want *scient*" —*ificals*, I suppose, sure enough. Such *ificals* are quite in vogue just now. *If* the cholera is caused by the comma-bacillus, you, of course, kill him right out ; *if* diphtheria is the product of bacteria, you, no doubt, destroy the "vermins" at once ; *if* consumption is brought about by some other kind of microscopical fungi, you naturally wipe them out by any means and as fast as possible, and after you have earned by such labor, based upon such theories, such *scient-ificals*, the blessings of those whom you have liberated from all pains and aches, even toothache, forever and ever, you will be a wiser man, if there be any spores of that kind in you. And this brings me to a second point—to the method of making the *cause* the pivot-point of treatment.

Hahnemann divides diseases in general, for practical considerations, into two classes : "diseases having a visible, simply material cause, and diseases having an immaterial dynamic cause."

The first class is by far the less numerous of the two. Their indication for treatment is obvious. All are agreed that it consists in the removal of the material cause, be that mechanical, chemical, or a mixture of both. A broken limb must be set, a dislocated joint must be readjusted, a foreign body must be extracted, swallowed poison must be removed or neutralized. So far we might leave this whole group of causes out of consideration. But even here we meet occasionally cases where the entire array of mechanical skill or chemical knowledge is not sufficient for a cure. For instance, a wound may go on suppurating and destroy fascias and bones, even after a skillful extraction of the ball that causes it ; a nail may have been thoroughly removed and the wound

cleansed and dressed, and yet serious consequences—continued inflammation, threatening lockjaw—may still remain. Why ? What is the cause of this untoward issue ? Similar wounds have healed in other persons most readily. Why not in this case ? Because there lies an immaterial, dynamic cause at the bottom of this case, which we cannot see, and of which we know nothing, that brings on this result. If we would attribute it to "a scrofulous diathesis, or a great vulnerability of tissue, or an idiosyncrasy," how much wiser would we be after such explanations ? What would we know of its real, internal cause and of its treatment ? *Nothing*. Take other well established causes of disease : "fright, anger, worriment, unhappy love." We know only that mind has a great power over the body, but how fright may poison a mother's milk that her child is thrown into convulsions, how anger may so disarrange the workings of liver and circulation, that jaundice follows, or how worriment and unhappy love may consume all bodily strength, we know not. You may make analyses, you may build up nice theories and make artful conclusions, but you cannot tell. Why did this person, equally frightened, escape all injuries ? Why did another fuming with anger feel only the better for it after the storm was over ? Why do some with plenty of worriment grow fat on it, like some horses on arsenic ? Ah ! there are still deeper causes which will stand all such detrimental influences like a duck's back in the rain, and which we cannot detect by the microscope nor analyze by chemical means. And what do they tell us as to treatment ? *Nothing*, I say.

Take another instance, the weather. In speaking of it I shall quote Hahnemann's own words : "How much have not some attempted to demonstrate to us respecting the influence of the seasons and of various states of the weather, as exciting causes of diseases ! We were told of the variations in the thermometer and barometer, the various winds, and the alternations of moisture and dryness of the atmosphere for a whole year before the occurrence of an epidemic, and the murderous disease



was attributed quite off-hand and without much consideration to the weather that prevailed during all that long period, just as if the disease could be derived from the state of the weather, or as if they have the relation to one another of cause and effect. But granting that there was something in this, at least in the variations of the seasons, how little comfort can the physician derive from these *unalterable* accompaniments of the world's course, how little *assistance* do they render him in proving the indications from which he can bid defiance to the epidemic actually prevailing ! Were the season of the year and the previous state of the weather really the cause of the prevailing distemper, it would avail him little or nothing to know this, seeing that from this cause the specific remedy for the pestilence *cannot be deduced*." And I may add : Still worse would we fare if we were to make imaginary idols to our guides. And this has been done abundantly and *ad nauseam*. At one time all was sour ; acidity lay at the bottom of all diseases, and alkalines reigned supremely ; at another time the trouble was sought in bad humors, and purging and bleeding reaped a good harvest ; then again all was bitter ; the bile, the bile did the mischief, all the world was bilious, and all the world swallowed calomel and blue-mass ; again there was a time when the cause of all diseases was attributed to infarctions and lodgments in the abdomen. Solvent clysters by the hundreds and purging were the only safeguard against such dreadful conditions. "Don't you see it ?" Holding the chamber-vessel under the doubter's nose. And—how wonderful—there the dreaded infarctions "were bodily brought to light in all their hideous deformity !" Hahnemann's remarks to this game : "Making omelettes in a hat is child's play to this."

But I must forbear following this interesting chapter on causes any further. And what for should I ? *We* don't do such things any more ; we have progressed in scientifics. We kill intruders, as before remarked, straight out ; we supply the want of iron in the system with scientifically prepared iron,

the want of calcareous substances with scientifically prepared lime, the want of phosphorus with scientifically prepared phosphorus, the want of digesting material with scientifically prepared pepsin from the ox. That is a song in another key. Don't you see the difference ? Ah ! I see you have grown a good deal more scientific than the omelette makers in a bed-pan. But, pray, why is it that this body does not take sufficient iron, another not sufficient lime, another not sufficient phosphorus out of the natural food, which contains these articles in sufficient quantities for all other people ? Is it because in nature they are not prepared scientifically ? Or is it because you only *suppose* the want of these articles in the blood to be the cause of the disease ? Might it not be that the want of these articles in the blood is the consequence of an altogether deeper cause which you do not know ? Would not, then, your scientific calculations be all at fault, and the administration of these scientifics do more harm than good, as experience sufficiently proves ? If a man's system refuses to take these articles from natural food, how can you force your scientifics upon it without damaging the whole fabric ?

And this brings me to the other side of the question : Is a knowledge of the *causes* of disease, as far as we are capable at all of acquiring it, really of no use in the treatment of diseases ? Or, in other words, do the causes of disease really not indicate any remedy ? No, they don't, not as *causes*. *Fright* is not labeled with *opium* as its remedy which had first to be discovered by Hahnemann as its antidote by carefully comparing the *effects* of fright and the effects of opium upon the human system, symptom by symptom. Only by symptomatic comparison it was found out. And if we give opium just merely for the cause "fright," we may sorely miss our aim, as aconite, belladonna, gelsemium, ignatia, or any other remedy might be the exact remedy for our individual case and opium not at all. We have even here to treat our case symptomatically and not by its cause "fright." The only use we possibly can make of this cause is that we thereby

become enabled to confine our comparison of symptom with symptom to a smaller number of remedies which we know to have removed different symptoms or effects of fright. The desired remedy *may* be among this group, it may not, and then we have to search further until we find the right one. I admit that this is a hard road to travel, especially for the beginner, yet it is the only road to become a master in the healing art.

But I dare not enlarge any further upon this subject, although there is abundant material at hand. The cause as cause does not give us any practical hints for the removal of its effects. These effects must be compared to the effects of drugs ; in short, our treatment must be symptomatical.

And this brings me to the third method of treatment, the *treatment of the symptom*. Now here, I hope, we shall have landed at last upon a smooth surface, or do even here discrepancies exist? "The homœopathsists, you know," says one of the smart doctors, "are given to that peculiar drudgery of hunting up symptoms in anything, and they possess large books which contain nothing but symptoms, which they call their *materia medica*, and besides these, auxiliary books, which they call *reperitories*, nearly as thick, to help them out of the woods, or to hunt for them a particular symptom, which they have set their head on to get hold of (you might just as well hunt in a bag of fleas for a particular one), and what is the funniest part of it, they go on increasing that bulk of symptoms year after year, greedily. Will not their paunch burst at last? Are they not infatuated? Are they not fools? They say they do it all for the purpose of treating diseases *symptomatically*." Now, look-a-here! we have done that thing long ago; we are doing it still. Treating symptoms! It is the easiest thing in the world! It is easier, even, than treating names. Here we must have at least an idea of the disease; in treating symptoms we need not even that; the patient tells us all. "I cannot go to stool," says he; "I'll make you go," say we. "I cannot make any water," says he; "We will make it flow," say we. What would

our purgatives and diuretics be good for, if we would not use them? What are emetics made for? To clean out the stomach. What are astringents made for? To stop fluxes. What are antiseptics made for? To arrest putridity. What are sedatives made for? To quiet the nerves; to alleviate pain. What are antispasmodics made for? To allay spasms. What are diaphoretics made for? To make one sweat. And what are tonics made for? To strengthen, "*to tone him up, sir.*" If that is not as clear as daylight, I believe you cut your food with the fork and shovel it into the mouth with your knife. And see what splendid effect our treatment has! The constipated bowels have yielded a whole chamber full; the dry skin is bathed in perspiration, the pain gave place to a quiet sleep, and the patient is happy and delighted about it. "Doctor," he will say, "you understand your business; the medicine did just what you said it would!" Such praise, you can imagine, makes us every time an inch taller. "We gradually," and this is the manner in which Hahnemann allows the man to talk, "grow into the period of divine routine, and then it is a real pleasure to be a practical physician. Then we have only to assume a dignified mode of carrying the head, speak in a tenor voice, so as to inspire respect, give great importance to the movements of the first three fingers of the right hand in writing a prescription, and present a certain authoritative something in the attitudes of the body, in order to be able to exercise perfectly, in all its details, the golden art of the *savoir faire* of the routine physician. Of course the smallest details of the attire, of the equipage, of the furniture, and of the array of servants, must all be in harmonious keeping."

Now, gentlemen, there is no doubt that this method of treating the symptom is certainly captivating to both the physician and the patient, and Hahnemann was quite right when he predicted that "Of all the false methods of treatment, this undoubtedly would have the longest run, because it does not necessitate much care nor much thought," and he might have added, it has some show of success, which captivates the public.

People, as a general rule, do not want to get well ; they do not know what that means ; they want merely to get rid of a symptom which at present annoys them. Pain anywhere, or sleeplessness, or want of appetite, or constipation, or diarrhœa, or fever, and so on *ad infinitum*, are the troubles they want to have stopped. "If I can get rid of that I will be all right." And palliation does this in a great many cases. For how long ? "That does not matter at present ; the remedy can easily be repeated !" And with what consequences ? "That does not matter either, for then the disease has changed its character, or has become altogether a different disease !" "Ei, so lüg' du und der Teufel !" which is an untranslatable German phrase, meaning in a mild way to say : "You are a big story-teller." Do we not meet daily such miserable victims of palliative treatment ? But then, what am I talking about ? *We* are homœopaths ; we—Hark ! don't you hear that same angry voice again ? "Stop your talking about that old-fashioned nonsense ! We have advanced ; we are scientific physicians ; we can handle the hypodermic syringe as well as others ; we give castor-oil or aloes and podophyllin pills, whenever the other medicines fail in our hands ; we shall even discard, by and by, our beloved quinine pills against fever paroxysms (everybody knows nowadays how to spell quinine and can get it himself in any drug-shop ; the thing is getting rather stale) ; we shall use in place of it the newly-discovered, real, scientific, antipyretic alkaloids, either the 'hydrochlorate of oxy-hydro-ethyl-quinoline' (Kairin), or the 'letru hydropara-methyl-oxi-quinoline' (Shallin), or the 'dimethyl-oxy-chynizine' (Antipyrin). That sounds like science ! And I defy any one of the laity to spell these names."

Well now, gentlemen, there you see. This is all symptomatic treatment, whether it be a treatment of the name, of the cause, or of the symptom. Why, then, do they all get so angry with homœopaths who professedly value their materia medica above any thing, and search diligently for every symptom in a single case may present to them, whether subjective or objective ? It must have one or the other reason. Either

they cannot grasp the law "*similia similibus curantur*," in its entirety, or they shun the work required to apply it effectually, and choose easier ways to get astray. Even should they shelter their mode of treatment under the plea of all sorts of plausible reasons, and allege it to be homœopathic after all, or follow implicitly the example of their authorities, it would not be a whit more homœopathic, but would remain what it really is, a treatment either of the name, or of the cause, or of the symptom.

"Thus have I seen," says Hahnemann, "the devout monks in a monastery, dine upon *partridges* on a *Friday*, but not before their prior had made the sign of the cross over them, accompanied by the transmuting blessing—*fiat piscis* ? —'And it be fish !'" If that were homœopathic treatment, homœopathy would be much older than it really is ; it would not have needed the genius of Hahnemann to discover it. What, then, is homœopathy ?

It is the science and art to find for a single given case of sickness, the curative remedy. This pre-supposes, first, a thorough knowledge of the *case*, and secondly, a thorough knowledge of the *materia medica*. A thorough knowledge of the case, as far as that lies at all in the capability of our nature to acquire, we can gain only by a close investigation into all the objective and subjective symptoms of the patient. This includes physical examinations of all kinds, without and with auxiliary means, such as instruments, chemical analyses and so on, and a skillful drawing out of the patient's subjective feelings, his temper, desires, and aversions. These data have further to be defined by inquiring into the conditions and circumstances under and by which they are excited, aggravated, ameliorated, or removed. To accomplish this well it takes science and art, and yet it would not suffice for homœopathic treatment, if it were not for the law, "*similia similibus curantur*," which Hahnemann has revealed to suffering mankind, and which will ever be a true guide in the search for help to the afflicted. But the application of this law presupposes a thorough knowledge of our materia medica and a skillful



utilization of the same. Again, science and art superficially will never realize the full benefit of this great law, and hence so many errors, so many doubts, and so many deviations.

## TREATMENT OF PHTHISIS PULMONALIS.

BY

DR. P. JOUSSET.

(Revue Hom. Belge, August, 1885. Translated by Samuel Lilienthal, M.D., New York.)

IN a clinic at the hospital St. Jaques, Jousset admits the curability of this disease, or at least such an amelioration that life may be prolonged. He also is convinced of the unity of the morbid products of phthisis, a chronic disease in which the complications deserve our chief consideration.

The fever at the commencement of the disease or during its first periods is mostly produced by an inflammatory affection, pneumonia, broncho-pneumonia or pleuritis. For the first bryonia 6 and phosphorus 6 in alternation are recommended, and the phosphorus must be continued till complete resolution takes place. Broncho-pneumonia left to itself may pass off in three or four weeks, but a middle dilution of ipecacuanha and bryonia in alternation cures it in about a week. Pleuritis needs bryonia and cantharis, and where the disease prolongs itself in phthisical patients *hepar sulph.* 6 is very useful.

Hæmoptysis may be severe, middling or slight. The first needs energetic treatment: fresh air, ligation of extremities, so that the venous blood-circulation is retarded; ice on the chest and subcutaneous injections of Ergotinene, preferable to ergotine, as the solution does not change.

For moderate bleedings we may rely on medicinal treatment: *Ipecacuanha*, first decimal trituration, when the blood is abundant and its emission preceded by sensation of bubbling in the chest. The blood comes up without an effort.

*Millefolium*. The blood bright-red, foaming and expectorated without hardly any cough. The alternation

of ipecacuanha and millefolium produces good results.

*Ledum palustre*. The blood foaming, but expelled with a spasmodic cough, like whooping-cough, and excited by a tickling in larynx and trachea.

Slight bleedings, where the patient expectorates only a little blood in the morning, if not yielding to millefolium, may need *nuxvomica* in hæmorrhoidal people; the blood is dark, and comes only up in the morning.

*Sulphur* 30, once a day, off and on.

The alternation of Nux and Sulphur is a legitimate practice, Nux in the evening and sulphur in the morning.

Phthisis, without any complication, already needs our most careful attention. We recommend *sulphur*. A slight dry cough, frequently repeated, incessant at some part of the day, followed by some hoarseness and frequent small bleedings; finally for hectic-fever, with thirst, sweating, diarrhœa, dry eczema, etc.

*Iodum*. Spasmodic cough, excited by a tickling in chest, and often preceded by anguish. Premature emaciation and engorgement of glands.

*Arsenic*. Nocturnal spasmodic cough, fatiguing so that the sufferer sits down on his bed; tickling in trachea, fits of suffocation and hoarseness. The hectic-fever and the commencement of the cachexia confirm the indication of arsenic 6 or 12; where diarrhœa is present the third is preferable.

*Phosphorus*. Laryngo-tracheitis, spasmodic cough, dry, painful, and causing in the trachea a sensation of excoriation, by speaking and breathing; phthisical habitus and rapid emaciation; delicate subjects with a narrow chest, skin fine, transparent and rosy.

Dr. Martiny puts great confidence in the alternation of *arsenicum iodatum* 6 one day, *calcareæ phosphorica* 6 the next, and thus continued for weeks and months. Dr. Jousset fully endorses such treatment, which is only interrupted by the necessary treatment of a complication, and then again continued.

### SPECIAL INDICATIONS.

1. *Cough*. When spasmodic: *Drosera* 6, tickling at the base of the throat with vomiting of food. *Hyoscyamus* 6, nocturnal cough, so that he has to sit down.

*Conium* 3 or 6, cough excited by deep inspirations. *Hepar*, severe laryngeal pains. *Silicea* 12 or 30, tickling in the pit of the throat, nearly substernal.

Cough, without being spasmodic, may be very tiresome and preventing sleep. *Amile*, stubborn cough, extremely fatiguing, coarse or dry, but always suffocating, 20 to 25 drops of the tincture during the day. *Opium*, dry nocturnal cough, accompanied by great oppression. Jousset gives it low when the cough robs the patient of all sleep, and in the last stage for euthanasia.

2. *Stitches in chest*, without any inflammatory complication, yield to bryonia, nux vomica, ranunculus bulbosus and actea racemosa.

5. For *purulent expectoration* silica and stannum are the chief remedies, both respond to a spasmodic cough, excited by tickling; the tickling of silica is in the pit of the throat, and that of stannum under the sternum.

4. The *diarrhea* of phthisical patients is at best modified by *arsenicum*; chronic cases, lienteria, thirst, burning pains in abdomen, 3 trit, perhaps the 6. *Acidum phosphoricum*, abundant, pale, sometimes involuntary, with much flatulency, 3 or even first dilution. *Acidum sulphuricum*: fluid stools; very fetid odor, low dilutions. *Rheum*: Green, sour-smelling stools, mixed with mucus, colic and tenesmus. *Cinchona*: Putrid, bilious or lienteric stools, especially immediately after a meal, 6 or 12.

5. *Night sweats*. *Sulphur*: Profuse night sweats on head and hands, more copious after awaking than during sleep. *Belladonna*: Copious sweating of head. *Jaborandi*: Profuse sweating and profuse salivation, 3. Iodum, Lycopodium, and Silicea.

6. *Hectic fever*. *Silicea*: Evening fever with heat and redness of the cheeks, cold extremities, intense thirst and sweating head. *Lycopodium*: fever from 3 to 8 p.m., painful sensation of internal chilliness, blueness of fingers, red cheeks, heat of the pale face, sweating of chest, emaciation, and œdema of the feet. *Iolum*: Hectic fever with night sweats and œdema of the extremities; very rapid emaciation. *Sulphur*: Internal chilliness with exter-

nal heat and deep redness of the cheeks. *Chininum sulphuricum*, fails even under old school treatment.

#### MINERAL SPRINGS.

Those in use are either Sulphur or Arsenical springs: Of the former Eaux-Bonnes, Canterets, and Allevard relieve hæmoptysis, spasmodic cough, and vomiting. Of Arsenical waters Mont-Dore stands ahead, but to get real benefit they ought to be taken in nearly infinitesimal doses.

It is well known that phthisis prevails more abundantly with people who live much on animal food, and vegetarians hardly ever suffer from it. Jousset therefore recommends a diet consisting of milk, eggs, cereals, or bouillon once and a while. In advanced cachexia and diarrhœa such a scanty diet is contra-indicated. In relation to climate one may be recommended which is neither too hot nor too cold, but let us rather look for a *dry atmosphere* and a *uniform temperature*. Let the patient live as much as possible in the fresh air on elevated spots or on the sea-shore; pleasant voyages, especially on sea, gymnastics and hydrotherapy. Alcoholic beverages are not of much benefit, but let him try to do as much as possible without much animal food. All excesses are injurious, and let such people be very careful not to catch cold.

Dr. A. N. Bell, in his classical work, "Climatology and Mineral Waters of the United States" (October number of Wood's Library of Standard Medical Authors), quotes Dr. Charles Dennison who considers *dryness and elevation* as the most important elements in the climatic treatment of phthisis, because an actually small amount of atmospheric moisture is the most important element in the best climates for phthisis. In relation to the sea-coast, the same author (p. 89) prefers for our patients *warm* insular and sea-coast places, with a clean soil, and devoid of organic matter in process of putrefaction, as such spots are commonly free from pulmonary diseases and generally healthy.

Really there is no necessity for our patients to go to Europe in search of favorable climates. During the first stage, or even when the disease is still latent, some parts of Minnesota, Dakota,

Colorado, or Wyoming will answer every purpose, if only our patient concludes to make such a favored spot HIS PERMANENT RESIDENCE ; it holds the seeds of the disease, be they bacilli tuberculosi, or any thing else, only in abeyance ; but they are there, and a change to large cities, especially maritime ones, is sure to bring forth its fatal fruits. Many a one, where decline has already showed itself, may still recuperate in Western Texas, New Mexico, or California inland.

Any one who has ever been at sea in a good clean ship must love the ocean-climate, notwithstanding all sea-sickness which can be greatly relieved, if not entirely overcome by remedies (cocaine 1-100 to 1-500 of a grain per dose). Sea air proper possesses no deleterious qualities whatever, and light is a collateral benefit of sea air.

Nor need we go to Europe in search of mineral springs. Though Mont-Dore, by its infinitesimal quantity of arsenic, may act well as an alterative medicine of decided value, still we find traces of arsenic also in many American springs ; and in relation to sulphur springs, the great Physician has certainly not neglected this favored country, and we need not send our patients to foreign countries—to get well or to die—when home comforts are so much preferable.

What we need in our caravansaries is European treatment. Let the hosts know that they are the servants, and not the masters of their guests. In most hotels the charges are still too high in comparison with those in Great Britain or on the Continent, and too often we hear the trite, but true saying, it is cheaper and more comfortable to pass a season on the European Continent than to suffer extortion at Saratoga and similar places. Will it ever be otherwise ?

S. L.

#### PHYSIOLOGICAL STUDIES OF DIGESTION. THE SENSORY FACTOR.

BY

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THE sufferer from faulty digestion is very liable to fail to discriminate between the faulty act itself, which consists in the imperfect solution of food

in the digestive organs ; and its manifold consequences, as irritable nerves, pain, defective muscular power, local congestion of digestive organs, deficient heat, and so on. These, instead of standing in their proper relative of cause and effect, are merged indistinguishably together and become in the estimation of the sufferer one and the same thing. The consequence is, their varied effects receive remedial attention which is due to the cause, and the latter is left practically unrecognized and therapeutically unprovided for. Under these circumstances little or no therapeutic progress is possible ; and the sufferer is doomed to a perpetual circle of palliation from which only some fortunate accident can deliver him.

The act of digestion, whether well or ill performed, is in fact, and certainly in therapeutics a distinct consideration ; while, the pain, and other concomitants and subsequents of the act, are other and separate, although dependent considerations. These latter can never be remedied however the sensibilities may be medicated, while the conditions on which they depend continue unabated. It is therefore of the first necessity that the sufferer should understand the distinction, to enable him to obviate recourse to useless and deceptive medication, which in the long run, can scarcely prove less than injurious, while entirely failing to comply with any radical or philosophical indication.

Digestion, considered in itself, is essentially a *physical* process. It consists mainly in physical disintegration, or the destruction of the cohesion of the constituent molecules of aliment. The composition of aliment is not essentially changed by the process ; it however becomes physically qualified to pass from the cavity of the digestive organs, where it has no vital quality, into the organism where it can participate in vital acts. Digestion renders aliment or such part thereof as is destined to vital uses entirely fluid, the preliminary necessary to its entrance upon its nutritive career. In no other way can the energies which the organism manifests be supported. Only after entering the fluids of the system does nutritive substance become subject to vital and vito-chemical control.

Digestion therefore bears a strong resemblance to the solvent processes to which organic matter may be subjected, apart from the vital organism.

The conditions are a solvent agent, which need not necessarily be a vital product capable of rending the cohesion of the molecules; a due amount of heat, moisture and time, and the result of liquefaction is secured. Even alimentary substances appear to be fully digested under these favoring circumstances in any other receptacle nearly if not quite as well as in the cavity of the living digestive organs. Experiments proving the physical nature of the digestion, and the close imitation of the natural, by the artificial processes, have become familiar to all, with the idea of substituting the latter for the former, in certain cases of faulty digestion as a therapeutic recourse.

It will be noticed that the digestive act occurs in a receptacle or cavity enclosed by the organism, but exterior to vital structures; that the act proceeds among the particles of the mass which has previously been mechanically comminuted, and that a large portion of the digesting substance is necessarily at considerable remove from contact even with the vital secreting membranes of the digestive organs. These are further evidences of the physical character of the act.

For purposes of solution of organic substances, it is not even necessary that there should be a secretion from vital organs.

Several examples of the reduction of organic substances to fluid by contact with vegetable products are known to science.

It does not appear that the digestive act confers any special quality on the aliment submitted to the process, additional to that of liquefaction.

It remains essentially of the same composition without other than physical change. By digestion food is simply enabled to pervade the surrounding vital membranes, to be exposed to the influence of the vital mechanism; to mingle with the currents of the circulation, and to become merged with and undistinguishable from the matters previously existing as parts of the organism. These statements respecting the physical na-

ture of the digestive act, may seem hackneyed, but are here introduced for purposes subsequently to appear in connection with another department of the subject. It may however be briefly stated here that the physical condition of aliment is of the utmost importance, in the hygiene as well as therapeutics of the digestive function.

The insolubility of food is the effectual bar to its passage beyond the walls of the digestive organs and into the vital system with undue haste, and when not required therein. This physical fact is therefore the necessary preventive against excess of nutritive material within the vital parts for which the system has no use, and over which it has neither control, nor adequate power to eliminate.

The chemical changes which under such circumstances are inevitable, are opposed to vitality, and can only prove injurious to an immeasurable extent.

It is readily understood from these statements that the therapeutic plan which provides soluble aliment and the artificial solution of aliment, is a plan contrived to defeat the purposes of physiology, which naturally protects the system against the insidious causes of disease arising from the spontaneous chemical changes of unemployed nutritive material within the vital parts, but beyond the control of vitality.

The proposition cannot be too frequently reiterated that the leading condition for vigorous digestion, is use by the system for the products of digestion.

The distinction between *digestion* and *nutrition* should be clearly understood.

Invalids failing to distinguish between the two things, are too apt to regard them as one, or at least to deem the former as equivalent to the latter. As it does not follow that food ingested is also digested, so too, nutrition is by no means a certain consequence of digestion.

The digestive act is confined to the space included by the walls of the digestive organs; nutrition on the other hand is the subsequent career of such nutritive materials as are applied to use, and become the source of energy. The one is physical, the other largely a vital process.



Digestion of itself does not support the strength ; this is the work of subsequent processes, whose *tout ensemble* constitutes nutrition. By nutrition the constituent elements of food are dissociated, requiring the intervention of oxygen of the blood derived from respiration ; these elements are excluded through the expired air, the skin, and the kidneys. Coincidentally, there appears heat, and the different form of nervous and muscular power manifested by appropriate instruments.

The processes of digestion and nutrition are therefore widely different in kind ; manifesting at widely separated points at distinctly separate periods of time, and in the consequences which flow therefrom.

It is therefore a serious error to attempt to force digestion by any therapeutic means whatever, under the impression that the powers of the organism, will thereby become increased, for such effects follow only under other and widely different conditions.

On the other hand excess of digestion with corresponding absorption into the organism of digested matters beyond the nutritive uses and needs is not only detrimental to vital interests, but entails far reaching ill consequences. It is the radical source of the greater portion of chronic disease whether digestive or systemic.

For nutritive materials find their exit only by vital processes, through the interplay of oxygen ; and a corresponding increase of oxygen is absolutely required, which under the circumstances is not supplied. A surplus of materials beyond its uses therefore remains, which can only obstruct the physical and therefore the vital processes of the organism. Such material is necessarily subject to its chemical nature and aptitudes, and not to vital laws ; it therefore assumes a variety of forms which inevitably oppose vitality. This consequence cannot occur where food is refused entrance to the circulation at the walls of the digestive organs. In other words, even severe dyspeptic and nervous symptoms which proceed from the digestive organs, compromise life and health far less than the antagonistic chemistry which operates among the vital tissues.

Unemployed nutritive materials are in each case the source of the difficulty ; in the one case the morbid arena in the digestive organs ; in the other case it is the general system, or such special local points or organs as have constitutional or acquired weakness.

The points to be noted are these :

The digestive act is physical ; isolated from the vital tissues ; independent of sensations good and ill, accompanying and following ; proceeds independent of, and consequently even in the absence of sensory power. The faults of digestion therefore belong to the *physical* order of facts ; and should not be treated as sensory phenomena, by which it may or may not be accompanied. Remedies prescribed for the consequences of faulty digestion, sensory or otherwise, may have no adaptation to improve the process itself, and are likely to be misapplied and injurious. To be effectual, remedies for indigestion, must relate to the conditions controlling the use by the system of digestive products, rather than to effects consequent upon the perversion of the process, whenever these occur.

## THE ZINC PREPARATIONS.

BY

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(Read before the New Jersey State Homœopathic Medical Society.)

IN the use of the zincs we have followed, for the most part, the old school of medicine. A study of our provings and of clinical observations upon the zinc preparations shows some elaboration and development of symptomatology, but it gives but little advance in new forms of disease, upon those for which these drugs have already been long recommended. Taken as a class, the zincs act mainly upon the nervous system. I believe that the oxide is the oldest form known to medicine. It has long been used by the allopathists for epilepsy. In this disease, Brown-Sequard prefers the bromide of zinc to be used. The majority of the symptoms under the oxide, given by Jahr, point to nervous disorder, although they can not be said to be very distinct or characteristic.

The following symptoms led to its exhibition in an apparently incurable case of epilepsy:—Tension in the muscles and painfulness during motion; remarkable sinking of strength; sweat toward morning. The 3x trit. was used with the somewhat remarkable result, that the paroxysms ceased one whole day and night (whereas they had been frequent every night), only to return the following day. The drug was further tried in several potencies, but failed entirely. A masterly cure of sciatica with this preparation was reported in the *Hahnemannian Monthly*, February, 1871, p. 351, by Dr. F. W. Payne. A man aged 45 had suffered several years with a left-sided sciatica, affecting the whole limb, but especially painful in the hip, thigh, and just below the knee. Pains worse at night, and while in bed, whether day or night. The flexor muscles feel tense and contracted, preventing extension of the limb and making motion very painful. A great feeling of lameness in the sacral region, extending to the hips. In addition he suffered from a tenacious, ropy, and more or less profuse otorrhœa, with pulsation and buzzing in the ear and difficulty of hearing.

Zincum oxydatum 30 cured permanently and rapidly, thus vindicating the homœopathic prescription of a remedy comparatively unknown. These symptoms may be found, however, under the drug in Jahr's Manual.

Another old-timer, familiar as an important emetic in poison cases, is the sulphate of zinc. It has decisive antispasmodic and tonic qualities. It has been combined in small proportions with morphia, when that drug is given to the aged, and, where so given, acts as a tonic, and tends to obviate the irritative effects of the morphia upon the stomach. A patent medicine for whooping cough has this salt for the chief ingredient. The disinfecting fluid of Zarnandes is supposed to be sulphate of zinc, mainly, with a little sulphate of copper. Jahr's sole clinical observation is, "Has been recommended for some kinds of chorea." Dr. A. E. Small in the *U. S. Med. and Surg. Journal*, vol. vii., page 424, reports a case of chronic dysentery with thin, pale, bloody stools several times daily, painful tenesmus and great

desire for food, with emaciation, as cured by zinc. sulph. It was evidently a good empirical hit, based upon the tonic, anti-spasmodic and astringent action of the drug.

We are wont to regard the valerianate of zinc as a new remedy; but, in truth, it is not more than twenty years ago it was officinal in the *Dublin Pharmacopœia*, and is used by our old-school brethren for neuralgia and epilepsy. In the hands of homœopaths it has been found to be one of the chief, if not the chief, remedy for ovarian neuralgia. Hale gives: Insanity with recurring headache; neuralgic headaches; facial, sciatic, spinal and ovarian neuralgia, and angina pectoris. While I can not truthfully say that my cases of ovarian neuralgia have been more satisfactorily treated since I began to use this drug than they were before, I must admit the salt has seemed to relieve some cases very promptly and permanently. My experience has been with the 6x trituration. Professor Ludlam advises 3x. Dr. Julia Holmes Smith, in the article on ovarian neuralgia in Arndt's System of Medicine, gives a symptom new to me as under the drug, i. e.: "The pain shoots down the limb of the affected side even to the foot."

Perhaps nothing better illustrates the natural instincts and tendencies of the old and new schools of medicine than the fact that the allopaths from time immemorial, eschewed zinc, the metal, preferring to use it in combination, its salts in other words. But when Franz sought to incorporate zinc into the homœopathic *Materia Medica*, with the new school instinct of selecting a simple substance, he proved the metal. And to-day it is metallic zinc, which is chiefly known, valued and used by homœopaths.

Taking up zincum metallicum in the Hahnemannian order, we find many handsome clinical confirmations among the mental symptoms, pointing to causative effects in brain diseases. And, we find at the outset, what a fuller analysis fully proves, that depression mainly and exaltation rarely is characteristic of this drug; or, perhaps primary action exaltation, secondary depression. Where there are pronounced signs of effusion into the brain spaces, zinc is often our



only helper, especially where a tardy or receding exanthem is the cause of the cerebral trouble. In such cases cuprum aceticum is also always before us. A close observation of the case will enable us to select the remedy on some such grounds as these. The zinc case passes into a stupor directly, and if the eyes be closely examined they are dim, watery and sensitive to light. The cuprum case is delirious, then unconscious; or perhaps an extremely changeable mood or fierce irritability foreruns the stupor. Moreover the fidgety feet of zinc are proverbial, whereas cuprum gives us cramps. Dr. A. W. Woodward asserts that zincum will shorten a tedious convalescence after cerebro-spinal meningitis, where indicated by its accredited symptoms. No doubt it will also cure the spasms sometimes incident to dentition; but I am not aware of any special triumphs in that direction.

The following remarks by Dr. Selden H. Talcott, Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., were kindly communicated to the writer in response to a request for his experience with zinc.

"The adaptability of zinc to the treatment of mental and nervous diseases, is, like Sam Weller's vision, 'limited.' And yet, it has its uses. Notably, it is good for those patients who have blue and cold extremities which are given to automatically spasmodic twitchings. These patients are apt to be lazy, apathetic, indifferent and timid. Most remarkable of all this zinc was proved useful in cases when the appetite has failed, and the patient refuses to eat. A few doses of zinc 3-6, or 30, will relieve the mental torpor and induce a willingness to partake of food, and that is a grand point gained, I can assure you, in the treatment of abstracted or stupid melancholia, or of driveling dementia. Dr. G. H. G. Jahr, says of this drug: 'We would not exactly place it in the class, of bell., hyosc., or verat., but rather in that of calc., ars., merc., or sulph.' He is speaking of remedies for psychical disorders. zinc combined with phos., *i.e.*, the phosphate of zinc, ought to be an excellent remedy for the headache of exhaustion

and overwork; and yet we have seen no specially good results from the use of this preparation."

I am inclined to think that this drug has been too often overlooked when prescribing for sick or chlorotic headaches. Dr. H. V. Miller gives in his "Cephalalgia with characteristic classifications" chronic sick headache; great weakness of sight and sticking pain in the right ear." Dr. Lilienthal says: "Chlorotic headaches, in those who have taken much iron, pressure on the top of head and forehead increasing gradually after dinner; dizziness and vomiting of bile, anorexia, amenorrhœa, and constipation with hard dry stool." And he emphasizes cerebral and nervous exhaustion. Dr. J. L. Newton reports a case almost exactly tallying with these indications, where the menses had been absent for two years, in which zincum met. 3 cured in less than a month. King's admirable headache monograph confirms all this, but locates the distress in the occiput at times, instead of its being always in the forehead or vertex; and gives internal semi-lateral pain and aggravation after wine prominence. The brain fag and cerebral exhaustion from anæmia, I am inclined to think will more often find a remedy in the phosphide than in metallic zinc; of this salt we will speak again later.

The eyes under zinc are pronouncedly symptomatic as well as pathologic. In brain affections where zinc is indicated the eyes are dim, watery and sensitive to the light, as we remarked above. The conjunctiva seems the optic tissue chiefly affected by zinc. Pterygium has been often cured with the higher potencies: Dr. T. F. Allen reports several cases; Dr. Dunham's case, which I think, first attracted attention to zinc for this condition, is historic, and the writer has had the good fortune to cure two cases with the 200, and one with the 30. The guiding symptoms were, pain in the inner canthus or root of of the nose, and the characteristic pathology of pterygium together with much conjunctival redness and irritation, worse in the evening. A persistent redness of the conjunctiva, whether merely conjunctivitis or the sequel of keratitis, has been removed by zinc, as may likewise the granulations on

the lids after ophthalmia neonatorum. Dr. Allen gives a single case of syphilitic iritis as cured by zinc. Amaurosis during severe headache, passing off with it, is a characteristic symptom. Otalgia in right ear, especially in boys, and fetid purulent otorrhœa is laid down in the symptomatology, but I find no confirmations.

Dr. O. P. Baer names zinc as an intercurrent in glanderoid influenza.

Under the throat symptoms, Father Hering gives an herpetic eruption on the tonsils, soft palate and root of the tongue as a sequel of gonorrhœa. This observation is noteworthy for several reasons: First, the high authority upon which it rests; second, the coincidence of an herpetic manifestation on the skin under zinc; and, third, the fact that a syphilitic iritis has been cured by the drug.

Dr. Berridge reports a case of constipation from this key-note: "violent bearing down in the abdomen after a scanty difficult stool, relieved by passing flatus."

Cases of diarrhœa with stupor, in which opium seems indicated and fails, Dr. Korndoerfer asserts may be cured by zinc; this applies to the involuntary stool of infantile diarrhœa as well as that of typhus in adults.

Dr. McGeorge, of this society, has noted a menstrual anomaly of zinc, namely, menses more profuse at night.

The uterine ulcers of zinc are peculiarly destitute of feeling and discharge a bloody ichor; and Dr. J. Moore notes especially, aggravation from even a single glass of wine, which we saw aggravates the headache also.

Zincum seems to be useful in leucorrhœa. Cushing and Hirschel agree in describing the discharge as a thick, slimy leucorrhœa before and after (Cushing says during) the menses. Also a bloody ichor, (alluded to under uterine ulcerations) after the menses. This latter causes itching and even masturbation, and is preceded by cutting colic-like pains in the abdomen (probably in the uterus.)

The use of zinc in heart affections has been mostly confined to cardiac phenomena, manifested during the

course of some profound cerebro-spinal neurosis, and to violent pulsations of the heart and its vessels, during the fever, in ague paroxysms.

An irregular spasmodic action of the heart is characteristic. The heart beats in a series of far-apart thumps; or, a more moderate action is interspersed with an occasional violent beat. The pulse is for the most part fine, weak, and irregular, being fast in the evening and slow at night. The relation of zinc to the great nervous centers and the symptoms above noted would seem to point to a probable use in paralysis of the heart whether following or accompanying some spinal or cerebro-spinal trouble, or after an acute exanthem. We know that when the rash leaves the skin and seeks to expend its malignancy on the brain, zinc is often a strong helper in a supreme crisis. May we not infer from analogy (and the recorded symptoms) that after a scarlet fever or diphtheria, when that dreaded and so often fatal torpor creeps over the heart, and its irregular spasmodic action shows us its effort to preserve its action in integrity, that zinc may help us—I think so. Again the foregoing symptoms and the pain in the heart, the swelling and tenderness would seem to somewhat resemble pericarditis.

The sensation of a "cup over the heart" is peculiar and I am inclined to think that if it has any pathological importance it points towards the forms of disease already mentioned; although it has been suggested that it might point to a cardiac aneurism. Why, is not to me clear. No doubt, too, zinc is useful in some cases of nervous or hysterical palpitation, where the pathology is nil.

Zinc is one of the four drugs advised for coccydynia by Dr. H. B. Millard, (the others are conium, rhus rad., and thuja). For its use in that affection, Dr. W. S. Searle gives the following indications: "Pain in the coccyx, sometimes a pushing-aching, and sometimes pinching. Lancination in the sacrum; pressure, tension, and weakness in the lumbar and sacral regions; cracking in the back when walking."

Father Hering's Analytical Thera-

peutics gives zinc under the following rubrics in coccygeal affections :

Aching,  
Pushing,  
Urging,  
Drawing-tearing,  
Stitches and stinging,  
Heat around the coccyx below the sacrum.

In the treatment of all spinal troubles zinc demands our attention, but especially in locomotor ataxy. There is a weak, lame feeling in the back and limbs ; and the latter are numb and formication is pronounced. Sometimes there are sharp lancinating pains in the thighs downward into the knees. Trembling of the limbs, and a feeling as if they were weak and fatigued and would give way. There is also boring along the spine and pain in the back, especially in the dorsal, but sometimes also in the cervical regions.

Russell, Lilienthal and Hering advise zinc for the neuralgia following herpes zoster. Dr. A. R. Morgan gives the following indications : "Herpes with violent lancinations ; suppurating herpes ; violent itching in the bends of the joints, and evening aggravation." I believe that aggravation at night is more exact. This drug is also advised in chorea and rheumatism. Zincum metallicum should be given in the evening, and exhibited but once a day. Ignatia and hepar sulph. follow well, especially the former. Nux vomica and chamomilla, however, should not follow it, as they are inimical. Ignatia has been styled the feminine nux. This generalization, happy as it is in some respects, is mischievous in others ; as the two drugs exhibit some radical differences in action, one of which is well illustrated by their relation to zinc. It should not be forgotten that an apparent opium case may, on close examination, require zinc as its similitum. Nor should it be forgotten in treating chronic cases with this drug, that it is sometimes slow to develop its action. A slight improvement, therefore, in a case with deep-seated or long-standing pathology must be regarded as decisive gain, and the drug patiently, persistently and methodically administered, in a full hope that it will ultimately fully triumph over its morbid adversary.

In giving it, therefore, choose it only deliberately, and supersede it not hastily.

Of late the phosphide has loomed up as a form of zinc promising great possibilities in the treatment of nervous diseases. Hale quotes authorities (Hammond and others) to show it useful in debility, paralysis and mental depression, and cites a case of mercurial trembling greatly resembling chorea as cured by its use. Hale remarks that it is homœopathic to cases of hydrocephaloid disease of children, brain fag and headache, threatening paralysis of the cerebral functions, cerebral anæmia, passive congestion, etc.

A lady, past 40 years of age, of unusual mental activity, largely serving public charities, churches, etc., fell into an inexplicable state of prostration. There was severe aching at the root of the nose, and neuralgic pains in the occiput extending down the spine, in the chest, and in the extremities. The legs at times suddenly refused to sustain her ; although she was so prostrate as to be almost wholly in bed. Her spine was generally tender, but especially the cervical, last lumbar and first sacral vertebræ. A considerable firm, gradually-made pressure on these points could be readily endured ; but a tap, as of percussion, or jar gave rise to peculiar insupportable, indescribable sensations, as if her breath were knocked out of her, and of pain pricks all over, and she fell forward on her face or side. Her hands and feet felt numb and the fingers stiff and swollen, although no swelling was perceptible. A peculiar general uncontrollable trembling was also noticeable. The diagnosis, in which an able consulting physician concurred, was neurasthenia, with a possible, perhaps probable, myelitis. On my friend Dr. Mandeville's advice, we gave her zincum phos. 2x. Six months have shown a vast improvement. The trembling and pains are mostly gone, the lady walks freely, the spine is but little tender, and a great increase of flesh has occurred. The case is still under treatment.

There are two iodides (double iodides) of zinc, which I believe should be proved and added to our materia medica. The double iodide of zinc and morphia could

hardly fail to prove a valuable weapon in the hand directed by a proving. For we have already seen the resemblance between zinc and opium, and their combined effect would seem to promise results of value.

Again, the double iodide of zinc and strychnia should be proved. For the latter bears the closest relation to those spinal affections which mostly resemble the spinal pathology of zinc, and the two drugs combined would certainly do something. To my mind this seems the more probable, as the two drugs, as distinct chemical entities, are so decidedly inimical in their physiological action; yet when combined in a natural chemical reaction by a medium (iodine) they become practically a single drug, a chemical trinity, if you please; and, undoubtedly, peculiar and valuable symptoms would be developed by the proving of such a compound drug.

The action of cyanogen, as combined with metals, has given us several drugs of extraordinary powers. Not the least of these is the cyanide of zinc. It begs for proving. Lilienthal advises it for nervous dysmenorrhœa of an extreme type; cramps in the bowels and uterus, severe headache, vertigo, convulsive motions, restlessness and great nervous excitement being the principal indications. Beyond this I find no record of it. But should give it, on *à priori* evidence, for diphtheria, with weak heart action and the zinc nervous symptoms if no other drug was more clearly indicated.

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#### FOREIGN REPRODUCTION OF AMERICAN DISCOVERIES.

BY

PROF. JOSEPH RODES BUCHANAN, M.D.,

London.

AT the late meeting of the French Association for the Advancement of Science, held at Grenoble, Drs. Bourru and Brevot presented a paper on the action of drugs, which attracted much attention and excited much surprise. From the accounts published in French medical journals it appears that the experiments of MM. Bourru and Brevot illustrate the power of medicines to af-

fect the constitution of sensitives without absorption and without contact.

The experiments reported by MM. Bourru and Brevot were submitted to the critical investigation of Dr. Duplony, Director of the School of Naval Medical Officers at Rochefort, where the experiments were made, who undertook a strict investigation, aided by the Professors of the Naval School, and naval medical officers. The experiments were repeated with every precaution, and when the paper above mentioned was read before the French Association, Dr. Duplony endorsed the statements and referred to his own experiments, which had been very startling to him, and which he could not explain, though he knew that the assumption of fraud was not in the least admissible.

The subjects of the experiments which were performed in the hospital at Rochefort, in 1885, were a young man of twenty-two years, and a woman of twenty-six, both of an hysteric or nervous organization. The medicines used were held a few inches behind the patient's head—the liquids contained in a bottle, and the solid substances wrapped in a paper—the patients knowing nothing of the nature of the experiment. The phenomena, as summarized by Dr. Myers, were as follows:

"The narcotics all produced sleep, but each had its characteristic features: opium produced a heavy sleep, from which it was difficult to rouse them, and which left some headache and weariness; chloral produced a lighter sleep, morphia a sleep like that of opium, which could be made less deep by the use of atrophine; narceine a sleep of a peculiar type, accompanied by salivation, and ending in a sudden waking to a state of anxiety and distress. The sleep of codeia, thebaine and narcotin was accompanied by a more or less convulsive movement. In the same way the effect of each of the emetics was characteristic; apomorphia produced profuse sickness without straining, followed by headache and drowsiness; ipecacuanha led to less sickness, but much salivation, and a peculiar taste in the mouth; tartar-emetic to nausea and great depression."

"So too with the alcohols: wine was



followed by jovial intoxication ; amyllic alcohol by intoxication with great violence ; aldehyd by rapid and complete prostration as of dead drunkenness ; absinthe by paralysis of the limbs. Orange flower water and camphor had a quieting action, producing natural sleep. The effects of laurel water were unexpected, and its action in consequence was often tested, but found to be always constant in each patient. In the man it produced convulsive movements of the thorax, spasmodic breathing, salivation and hicough. In the woman, who was a Jewess, there was first a religious ecstasy, in which she acted a drama of adoration, prayer and repentance, which was followed by spasmodic breathing, as in the man, and ended in sleep. The laurel water contained both prussic acid and some essential oil ; a weak solution of prussic acid, if held up behind her head, was followed by the ecstatic phenomena, the essential oil by the spasmodic breathing ; this was considered to contribute to a physiological analysis of the effects of laurel water."

"Valerian produced some bizarre phenomena of excitement, as it does in cats; cantharides a feeling of burning in mucous surfaces, which was stopped by camphor; veratria the symptoms of a cold in the head, of a congestion at the back of the nose, and disturbances of sight; jaborandi and pilocarpin made the patients sweat, and salivated them. The anæsthetics were followed first by excitement and afterwards by sleep, as in their ordinary surgical use."

In the verification of these experiments by Dr. Duplony, an incident occurred, serving to show that the thoughts of the experimenters had nothing to do with the production of the effects. The professors were present, when a gentleman who had two similar bottles in his pocket wrapped in paper, containing, one valerian and the other cantharides, held up the bottle to the patient which he thought contained the cantharides. To his surprise the effects which belong to valerian were produced, and then he found that he had made a mistake and was holding up the bottle of valerian.

Drs. Bourru and Brevot tried a number of other patients, in many of whom they found similar though much less

marked results. They are carrying on their experiments, and we shall in time have a full exposition from them. They are, with their *confreres*, quite puzzled over these facts, and rather inclined to believe in a radiant nerve force, forming a communication between the patient and the medicine. They are just beginning to learn the trans-corporeal powers of the nervous system.

There is nothing in these French experiments, and in the *metallo-therapia* which has made a sensation in Paris, but what has been understood, repeated a thousand times and publicly taught in this country, both in medical colleges and in popular lectures during the past forty years, except in the particular method of holding the medicines behind the head of the subject, which I have not adopted *in public*, because it would merely have intensified that marvelousness which excites opposition.

In my recently published "Manual of Psychometry" (which can be found in New York, at Brentano's) the history of my investigations is given, showing that in 1841, after having discovered the seat of sensibility in the human brain, which I ascertained by extensive observations between 1837 and 1840 beyond all doubt, and which has been more recently verified by the very remarkable experiments of Prof. Ferrier, I instituted experiments upon the power of human sensibility in feeling impressions from substances in contact or proximity. These experiments established the proposition that in the southern part of the United States a very large majority of the population (and in some places all) are capable of feeling the medical influence of any substance held in the hands or in contact with the person, although it may be contained in a bottle (if a liquid) or well wrapped and concealed in paper.

In large medical classes, 150 or more in number, I have found a majority to be thus impressible in various degrees, many being able in five or ten minutes to give as accurate a description of the effects of the medicine as if they had taken a large dose in the ordinary way.

In five medical colleges in which I have been engaged since 1846, I have



made these things familiar by instruction and by experiments, and have often published in the "Journal of Man," "System of Anthropology," "Therapeutic Sarcognomy," "Manual of Psychometry," and liberal medical journals. Nevertheless I presume the French experimenters were totally unacquainted with such facts, for they are generally unknown in the majority of medical schools in this country. This is due to the lamentable fact that the divisions produced by party spirit in the medical profession are as wide and the sectarianism as intense as that which separates the numerous sects of the Christian Church, in consequence of which, knowledge developed in a minority party is looked upon as a hostile element and systematically ignored.

Belonging myself to a minority party in the profession, which cannot claim over ten thousand members, I was assured by my quondam friend, the late Dr. S. D. Gross, of Philadelphia, that it would be impossible for any of my discoveries to be looked at by the National Medical Association, as their *code* was in the way, and I have ever regarded it as equally useless to offer any statement of such discoveries to medical journals attached to that party. Perhaps I may have done unintentional injustice to *some* of their conductors in acting on this opinion, but I have never been disposed to offer my services where they were not desired.

#### CEANOTHUS IN SPLENIC DISORDERS.

J. A. WHITMAN, M. D.,

Beaufort, South Carolina.

**I**N this climate we have considerable trouble with the spleen, from the effects of malaria, and do not find them easily corrected. I have, however, been much encouraged by the results of the use of *Ceanothus*.

I was called to see a man, about forty years of age, who had been suffering for a week with a dreadful pain in his left side, for which he could get no relief. I found upon examination a very much enlarged spleen. As he had a consider-

able rise of bodily temperature, I gave him a dose of Aconite to reduce this, and then put him on *Ceanothus* 2x, every two hours, with hot water compress over the painful part. He was soon relieved of most of his suffering. The medicine was continued at intervals, and in six weeks he was entirely well, the spleen having returned to its natural size. This is but one case of many in which I have seen *ceanothus* act like a charm in removing splenic engorgement and induration.

#### SOME FEVER EXPERIENCE.

BY

CHARLES MOHR, M.D.,

Philadelphia.

(Read before the Pennsylvania Hom. Med. Soc.)

**S**INCE August, 1884, I have carefully examined and inquired into the history of forty-six cases of enteric fever, in about about one-half of which, intermittency in the pyrexial condition was a marked feature. Eleven of these cases had received Quinine in doses ranging from gr. j to gr. x, on the presumption that the fever, being intermittent, was of malarial origin, and hence, required the well-known, and the too-frequently used, antiperiodic.

Notwithstanding that Sydenham has said, that all diseases ought to be reduced to certain and determinate kinds, with the same exactness that botanists show in classifying plants, we may err in this direction, especially if such classification leads us to look for specifics for diseases. Fortunately for the art of medicine, typical cases of many species of disease are difficult to find, and the numerous typical cases which puzzle the diagnostician are the ones which stimulate the physician to search for a curative agent that meets the indications of the person sick, irrespective of the name under which a given case of illness may be classified.

My experience has been limited to Philadelphia and immediate vicinity, but so far as it has gone, I have not met with a single case of fever since August, 1884, which was malarial enough to be cured by Quinine. In this I am not alone, for several of my colleagues, who

had believed in the malarial element in their cases sufficiently to induce them to use this drug, have admitted that a *lingering fever of no particular type* followed its administration even in cases where there had been a distinct periodicity, and that when given in other cases simply because a fever continued despite homœopathic treatment, there was a sharp rise of temperature, in a few cases the fever rise in twenty-four hours after the exhibition of the alkaloid being  $5^{\circ}$  to  $7^{\circ}$  F., without any inflammatory lesion to account of such rise.

In two cases treated by myself from the start, a rise of temperature ensued on inflammatory complications, prostatitis on the twenty-eighth day, with retention or urine, ensuing in one case, and pneumonitis on the eighth day in another. In a third unique case, spasm of the glottis was a distressing feature for some days in the second week, without any extra rise of temperature, although a week after my dismissal this patient died under the care of an old-school physician, it is said, of "typhoid pneumonia."

Besides these anomalous cases in my own practice, I saw in consultation with a brother practitioner, an elderly woman, who, when apparently convalescent of enteric fever, was seized with a sudden severe chill, the temperature soon rising to  $107^{\circ}$  F., at which height it was maintained for five or six hours, the sweating ensued, the fall of the temperature in a few hours being  $13^{\circ}$  F., that is to say, the fall was from  $107^{\circ}$  F. to  $94^{\circ}$  F. There were several such paroxysms, and yet a careful examination by himself, and by Dr. A. R. Thomas, who was also a consultant in the case failed to reveal any inflammatory lesion, although I suspected a deep-seated suppurative process, such as I had witnessed some years before in a case with similar febrile phenomena, with involvement of the liver, omentum, and duodenum. In the case of this lady, the sulphate of quinine, in 2-grain doses every four hours, was of no avail. After a prolonged illness, she died under the care of the two physicians who had her in charge from the first, with Dr. C. G. Raue as consultant.

Soon after this my attention was called to the case of a child who was allowed

to be dressed and about her room, although she had every indication of typhoid fever when Dr. O. S. Haines, who told me of the case, was called in. On being put to bed she improved, but several days later severe nose-bleed set in, and, although the hæmorrhage was stopped by Monsel's solution, prescribed by Dr. H. Knox Stewart, who was summoned in the emergency, the child died on the following day of heart failure, on attempting to get out of bed to go to a window of her room. A post-mortem examination proved the correctness of the diagnosis made by Dr. Haines. If I am not mistaken, this child was treated for "malarial fever" in the beginning of her illness, was not put to bed and Quinine, doubtless, was used *secundum artem*.

Of the forty-six cases treated only two died under my immediate care. The first one was that of a young man (aged twenty-two), who, in September, 1884, felt quite unwell, and, on the supposition of his parents that he was "run down," was sent to Atlantic City to recuperate. After his return he was somewhat better, and in October accompanied a political organization to a town on the Delaware. During the ride home in the steamer after midnight he felt chilly. The march home through the streets warmed him up somewhat, but after a restless sleep of a few hours in the early morning he arose feeling quite ill. Later in the day he had a chill, followed by fever, when an old-school physician, who was summoned, soon decided that he had contracted "malaria on the river at night," and prescribed a dozen pills of Quinine, of 2 grains each, to be taken in twenty-four hours. The patient thereafter had two more chills on alternate days, and dissatisfied with the result of the Quinine, I was called to attend him on October 24th. I found him complaining of confused headache and buzzing in the ears, loss of appetite, some thirst, with desire for lemonade, soreness of the throat when swallowing, sick stomach, and constipation. The tongue was slightly coated though moist, and his eyes were dull looking, and the conjunctiva somewhat congested. Some tenderness to deep pressure was experienced in the right iliac fossa. Tem-

perature in the mouth  $100.6^{\circ}$  F. at 10 A. M. I put him to bed, advised a milk diet, and gave *Bellad.*<sup>2</sup> That evening at 8 o'clock the temperature was  $102^{\circ}$  F.; on the following day the morning temperature was  $100.8^{\circ}$  F., the evening temperature  $102.4^{\circ}$  F., the subjective symptoms a trifle better. On the third day of my attendance I found him decidedly better, tongue cleaner, morning temperature  $99^{\circ}$  F. On the fifth day changed remedy to *Nuxvom.*<sup>3</sup> for persistent constipation, with frequent ineffectual desire for stool. The next day he had a satisfactory movement of the bowels, and that day the temperature was normal, both morning and evening, and it so continued until November 2d, when I ceased attendance, cautioning him to be very careful about his diet, and to avoid exercise. I looked upon the case as an abortive typhoid. Despite the earnest entreaties of his mother, on November 4th, he proceeded to the polls to vote, and walked about two miles to his tailor to order a new suit of clothes. On reaching home he complained greatly of being tired, and went to bed; he passed a sleepless night, and on the morning of November 5th had a chill, when I was again sent for. The symptoms called for *Bryonia*, but it did no good, neither did *Baptis.*, *Bellad.*, *Hyos.*, *Stramon.*, nor *Zincum*, which were administered as called for, by symptoms that were distressing in the extreme. From November 9th till November 13th he was delirious day and night, and almost uncontrollable. He imagined that he was a condemned criminal, being taken to the gallows to be hanged; he would make violent efforts to escape from his keepers, whom he imagined were armed soldiers, and after vain attempts he would fall back into the arms of his nurse exhausted, and exclaim: "It's no use, it's no use, I must die! Don't you see the gallows?" On the morning of November 13th (eighth day of the relapse) red spots appeared on the abdomen, which, up to this time, were entirely absent, and the delirium was not so active. In the evening I detected the first, but ominous, signs of heart failure, and despite stimulation, he died at 2 A. M. of November 14th. An autopsy was not permitted.

The second fatal case was that of a girl, aged seventeen years, who died December 10th, 1884, about the time I was busiest with my fever cases. There was no history given of intermittent fever, nor of any fever antecedent to my first visit, but at that visit, and during the three succeeding days, I found considerable fever, with remission, the thermometer indicating an evening temperature of  $105^{\circ}$  F., and a morning temperature of  $101^{\circ}$  F. I will give a concise history of the case as I got it from an aunt of the young woman, on December 7th, when I was consulted.

Henrietta B. had always been a wayward girl, with an uncontrollable temper, a subject of hystero-epilepsy, but in other respects healthy. She had got into bad company a few weeks before, and one evening, after indulging freely in chicken salad, ice-cream, etc., at a fair, was seized with a convulsion. The nearest physician was summoned, and she was treated by old-school methods for two weeks, during which time the convulsions grew more and more severe till the ninth day, and then ceased. At this time her attendants were advised by the physician not to allow her to sleep, but to keep her thoroughly aroused, and, later, were directed to have her dressed, and compel her to waltz to the music of a piano. These instructions were carried out until the girl was completely exhausted, and growing more and more stupid; the attending physician said he could do no more for her, that all that was necessary was to prevent her from sleeping too much by engaging her in conversation, or by any other means. Dissatisfied with the physician he was then dismissed, and I was called in. I found the girl in a stupor, and with every indication of being in a typhoid state. Her face was dusky red, eyes congested, pupils contracted: tongue protruded with difficulty, was brown, dry, and cracked; sordes on the teeth, and an offensive odor from the mouth were among the objective symptoms. She could be aroused only with difficulty, would slowly answer questions, and soon relapse into stupor after a little meaningless muttering. The abdomen was tympanitic, and some gurgling could be detected by palpation, but no pain could

be elicited by the deepest pressure in the right iliac fossa. I found a very large abscess in the right labium, which had been overlooked entirely by the former physician. I opened the abscess by a free incision, the pain of the operation being scarcely felt by the patient, the stupor was so profound. On being pushed for a diagnosis and prognosis, I admitted being puzzled, because of the peculiar history, and stated that my impression was that it was an anomalous case of typhoid fever, and that the prognosis was very unfavorable. I could not see why the old-school physician had directed the violent exercise to rouse her from her stupor, unless he had looked upon the case as one of hysteria, or that he had given opium too freely to control the convulsions. To get his view of the case I wrote to him, but only got the following unsatisfactory reply :

PHILADELPHIA, Dec. 9th, 1884.

DR. CHARLES MOHR.

DEAR SIR : Yours of the 8th inst. received. Miss B——, when under my care, had epileptic seizures, and presented the usual (but aggravated) nervous phenomena accompanying such attacks.

Yours respectfully,

J—— H. L——.

My treatment of this case was most unsatisfactory, as I could not perceive the least benefit from any medicine administered. Dr. E. A. Farrington, whom I consulted, agreed with me that the cerebral congestion was the most important element in the case, and we applied remedies accordingly, but unavailingly, and on December 10th she breathed her last, never showing any signs of consciousness since two days before. Assisted by my student, Charles E. Spahr, I made a post-mortem examination, and, as I had expected, found the aguminate and solitary glands of the ileum congested and in a state of necrosis.

Did time permit, I would gladly give an analysis of all my cases, with the indications for the remedies used. On the latter point let me say, simply, that the effective medicines were : *Antim. crud.*, *Arnic.*, *Arsen.*, *Baptis.*, *Bellad.*, *Bryon.*, *Canthar.*, *Carbo veg.*, *Cinchon.*, *Eupato. perf.* (had to be followed by *Bryon.*), *Gelsem.*, *Helon.*, *Hyos.*, *Ignat.*, *Ipec.*, *Kali*

*bich.*, *Laches.*, *Nux vom.*, *Pulsat.*, and *Sulphur.*

Twenty-five years ago Dr. Wood, of this city, in his *Practice of Medicine*, wrote that mild cases of typhoid fever are often mistaken for miasmatic fever. Other writers, in places where the local environment is about the same, and in places where it is different, also agree with Dr. Wood. Harley has said: "One of the most general facts observed in reference to enteric fever, is the frequent occurrence of intermittence in the pyrexial condition," and Trousseau before him: "Enteric fever may simulate at first intermittent fever" (*Clinique Med.*, 2d edition, p. 247). Indeed, all writers agree that the diagnosis at times is difficult ; Sternberg, in his *Malaria and Malarial Diseases*, declaring that during the first week of typhoid an exact diagnosis is in many instances impossible. These statements of careful and experienced authors should make physicians in this latitude very cautious before deciding that fever cases are malarial ; and especially does this caution need to be exercised by those of our own school of practice, who, notwithstanding all the arguments that have been made, from Haehemann's day to this, against the practice, will give quinine in 1- and 2- grain doses, or 5- and 10- grain doses in intermitting and remitting fevers, to the detriment of their patients and for no other reason than the claim that is made for it, that quinine is a reliable test for malaria. Precious time may be lost in applying the test !

It has been questioned by good observers, whether in cities located as Philadelphia is, there is a poison capable of producing the typical intermittents or remittents of swampy sections. Nearly all the fever cases here occur in the fall and spring, and even in cold weather it is not uncommon to meet with cases, one evidence that it is not the same miasm which produces typical ague, and which is most potent in hot weather. Whatever malaria there is hereabouts, the emanations from sewers and cesspools, in which there is decaying animal as well as vegetable matter, so modifies it that the fevers resulting are, according to my experience, at least, of a mixed type, to exactly designate which, the term mala-



rial-typhoid might be justifiably employed. I am not at all certain, indeed, whether there is not a continued fever, neither malarial nor typhoid in origin, which may or may not result in bowel lesion. I prefer, however, to treat all doubtful cases of fever, even if beginning like an intermittent, as typhoid, and thus get the great advantage to be derived from the *morale* of good nursing, which is looked upon in almost all homes as a *sine qua non* in enteric fever. One constant condition in the mildest of my cases, and a condition met with by several physicians of my acquaintance, in cases they had treated as "chills and fever" with quinia, I have looked upon as very suspicious of enteric fever, to wit: very slow convalescence even after the chill paroxysms have entirely ceased, the patient being constantly weary, and having an exacerbation of fever from the least indiscretion in diet or exercise, or of mental application, even after the temperature has been normal, morning and evening, for days at a time.

Has my experience been an exceptional one? I would like the following points discussed by professional brethren here assembled, viz.:

1. Are the enteric fevers of this locality malarial in the restricted sense of that term?
2. Are the emanations of sewers and cesspools modifiers of malaria, or are these alone the factors producing intermittent, remitting, or continued fevers?
3. Is any large proportion benefited by the quinine treatment?
4. What is the relative average duration of cases in which quinine has, and has not, been used?
5. What is the relative mortality in cases where quinine has, and has not, been used?

#### PHIMOSIS IN REFLEX NERVE MANIFESTATIONS.

BY

LEWIS MILLER, M. D.,

PHILADELPHIA.

THE subject is not new, and cases of reflex nerve manifestations from a contracted prepuce have been seen by most physicians; but so forcibly was I

impressed by several cases which came under my care, that were most shamefully treated by previous medical attendants, that I concluded to inflict a brief article upon your indulgent readers, liable, of course, to be accused of writing on a stale subject. Phimosis can be, and is, the cause of functional derangement of the nervous system. Although it may not be as potent as some authors would have us believe, it is not nearly so innocent as others claim. Clinical experience has shown me more than once the power exerted by a stenosis of the prepuce on the nervous system.

The first case I wish to relate occurred three and a half years ago. The patient had been under the care of a homœopathic physician twelve consecutive months previous to my assuming charge. This worthy compeer (?) had treated the boy for incontinence of urine. Not that I am jealous of this ancient disciple of Hahnemann keeping the patient such a length of time, but I am quite confounded to think a doctor would attend a case one whole year, under the delusion that he could relieve a stenosis of the prepuce by internal medicine. He has high potency proclivities in a marked degree which may account for his faith. However, I have digressed; the boy aged eight, slender frame, anxious, wearied, anemic features, and considerable nictation of left eyelids. He had been delicate all his life; and had suffered from enuresis through life, but the last two years there had been constant dribbling of urine so that the child was constantly wet. Constipated, tongue coated brownish; temperature 100°, pulse 108°. The constant dribbling had chafed and excoriated the surrounding integument to a frightful extent, and the skin was broken and ulcerated in several places. The spine was not tender, neither did the symptoms indicate any brain trouble. When I examined the penis the diagnosis was plain, in fact, stuck right before your eyes. A redundant prepuce with a meatus so small that it would not admit the small probe of a pocket-case. The glans was tender to the touch, and considerably enlarged. I circumcised at once, and on retracting the prepuce an ulcer about three lines in diameter was dis-



closed, occupying a position just behind the corona. So positive was I that the whole trouble was reflex I refused to give any medicine, and ordered fresh air, and a good, generous diet. In six months the child had gained fifteen pounds, had recovered complete control of the bladder, and did not possess a single nervous symptom. He is to-day a healthy robust boy, and our patient did not receive a single dose of medicine, because the condition was entirely due to the pathological prepuce, this cause being removed, the symptoms, which were no doubt faithfully prescribed for by the former attendant, rapidly disappeared.

The next case was a boy four years of age, presenting marked neurasthenia, but no single system was more markedly affected. The child was restless, fretful, sleepless, timid, and had poor appetite. The enuresis which was more annoyance to the mother than any other symptom, had gradually grown worse the last year. This patient, like the previous one, would be a long time micturating.

This case was also treated by a gray-haired wise-looking disciple of high potency and with the result of losing a patient for himself, and damaging the cause of homœopathy. When I examined the penis the prepuce told the whole story, and all nerve manifestations were charged to the phimotic condition existing. The child was circumcised, and a complete recovery was soon gained. This child was not given any medicine, to the extreme surprise of the parent, who expressed herself thus: "I thought homœopathists gave medicine for everything."

Other cases I have seen in my own practice as well as in the practice of my friends, and have invariably found the symptoms vanishing rapidly if the cause be removed. The pathology of the condition is quite plain, for it is known that the glans penis is filled with large vascular nervous papillæ which adhere and are intimately connected with the spongy tissue of the glans. Hence, a phimosis accumulates filth which soon causes pressure and irritation of the nervous papillæ. A train of reflex nerve manifestations will follow sooner or later. A

phimotic condition will often be met, when no nervous symptoms are manifest, when such is the case, the stenosis is not sufficient to cause any pressure on the glans. I have seen convulsions that resisted medicine, promptly subside when circumcised for the removal of a redundant prepuce. While I claim nothing original, I think it best for all doctors to be careful in their examinations, for frequently laziness is the cause of failure as much as imbecility.

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#### SOME EFFECTS OF TOBACCO.

BY

A. C. NORTON, M. D.

Middletown Springs, Vt.

A. L., a young man aged twenty, on Saturday smoked twelve cigars, not being an habitual user of the weed, and on Sunday smoked three or four more. Sunday afternoon at 5 o'clock he began to act strangely; I was called at 9 P. M. and found him with all the appearances of delirium tremens, and, at first, thought he had been drinking alcohol in some form; but those who were with him said he had not, but told me about his smoking. He was very wild, tossing about on the bed with hallucinations, such as snakes, lions, bears, etc.; thought he saw his father's head cut off and the blood running from the body. During these wild paroxysms would try to get out of bed, taking several men to hold him. He would loll like a dog and then try to set an imaginary dog trot or some alike imaginary animal, and would snap with his teeth at the attendants at every opportunity. In fact he had so many symptoms like a dog that some of his relatives thought he had hydrophobia. There was no convulsion when water was offered to him, but drank eagerly. Then he had beautiful visions; would see a beautiful lake, and would say he would drown himself in that lake and make an effort to get out of bed. On being prevented from rising he would try to choke himself and would actually make himself black in the face before his hands could be loosened from his throat; would beg some one to take him out doors and shoot him. Gave

belladonna 3x ten drops in half glass of water, every twenty minutes a teaspoonful. After three or four doses he quieted down, and seemed to sleep from 12 o'clock till daybreak Monday. Except when kept under the influence of the Bell., would have the same visions of snakes, etc.; but when the medicine was given him, would quiet down and seem asleep, but was really in a state of catalepsy; the limbs could be placed in any position and would remain there, no matter how uncomfortable the position might be, until they were moved. The eyes were fixed and staring, and the eyeball could be touched without causing him to wink. He went to sleep at 8 p. m. and slept quietly all night without medicine. Tuesday morning he awoke a little flighty, but knew every one, which he had not done before since Sunday at 5 p. m. On questioning him, found he had no recollection about where he was, or what he did at any time Sunday, although he appeared rational up to 4 p. m. He passed no urine until 4 p. m. Monday, when I introduced a catheter and drew off about a quart of highly-colored urine, of strong odor, and he passed no more again until Tuesday at noon, when he voluntarily passed about the same quantity, of the same highly-colored, strong-smelling character. There seemed to be no effect on the heart at any time, as the pulse did not vary much from 72, strong and regular; respiration nearly natural all the time. The bowels did not move during the attack. He would not eat any thing, but drank quite eagerly when liquid of any kind was offered to him. Tuesday evening was all right, except a little weak and dizzy on assuming the erect position. Gave him nothing but belladonna through the entire attack, which controled him wonderfully, a teaspoonful or two causing him to pass into a much more quiet state in a very few minutes.

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Dr. Henry H. Smith, of Philadelphia, considers the baby carriage as a possible source of harm, by impairing muscular function, retarding the growth and development of the child, impeding respiration, congestion of the brain, spinal concussion and causing inadequate digestion. He considers a nurse unfit for duty, who is unable to carry the child.

## GYNÆCOLOGICAL NOTES.

PROF. MARY A. BRINKMAN, M. D.,  
New York.

THE following cases are interesting as an illustration of zeal in midwifery. The reader can form his own conclusion as to skill. Wm. W. Seymour, Troy, N. Y. (*Am. Jour. Obst. Apr. 1884*):

Case 1. Age 34, fourth pregnancy, previous labors easy, and patient had always enjoyed good health. Three days after labor there was elevation of temperature with evening exacerbations, vaginal irrigations were ordered in addition to internal medication. Dr. S. was called in consultation four days later, found the uterus movable, laceration of right side of cervix, and a fusiform mass in the right broad ligament, size of "Carolina potato." Diagnosis cellulitis, and advised washing out the uterus with hot solutions of chlorinated soda. Three days later Drs. S. and Cooper concluded the mass to be a hematoma produced by laceration of pericervical veins. Uterus was washed out twice a day for five days as above. Pulse and temp. fell, and tenderness disappeared. Friends objected to the injections and they were omitted, in two days a second rise of pulse and temp.; injections resumed, but opposed by patient and family as they caused chills and uterine colic. A few days after first visit Prof. Seymour passed a *sound* into the uterus which passed into the right broad ligament three inches in the direction of the hematoma. Dr. S. was called Oct. 4th. Oct. 12. what were called coagula were found in the stools and the *sound* on withdrawal had a marked fecal odor. The mass was aspirated Oct 12. Two ozs. of pure blood was withdrawn and a weak solution of chlorinated soda was introduced. The aspirator was exhausted to withdraw the solution without getting any fluid; thinking it due to obstructed canula the aspirator was disconnected and canula cleared. Instead of exhausting the air the Dr. condensed it by mistake. Dr. Wm. P. Seymour, who also assisted, supposing the air exhausted made the connection, turned the cock, the air was discharged through the canula with such

a hissing noise as showed that some escaped into the vagina. The patient, restless before, now screamed and became unconscious, cool skin, rapid pulse and a large liquid movement from the bowels. She reacted under stimulants, said she had not been conscious of the injection. Uterine injections were continued until the 15th, but were discontinued on account of opposition of patient and friends. Peritonitis developed the 16th and death followed on the 19th. Autopsy. The uterine neck was lacerated on the right side, laceration nearly effaced. The hard mass could not be felt. The attachments of the rectum were torn in removal, could not therefore determine if pus cavity connected with rectum. What had been called a hematoma revealed a collapsed pus cavity three inches in diameter; no communication with uterus or rectum could be demonstrated.

Case 2. Patient age 24; second pregnancy. After labor, which was rapid, an extensive laceration could be felt on the right side of cervix. "Acting on the dictum of Prof. Seymour the result of experience in the former case," Dr. S. examined with the sound. The infra-vaginal laceration did not extend to the fornix. A second laceration at the level of the internal os, allowed the probe to pass into the right broad ligament one and one-half inches. Hot intra-uterine injections of liquor sodæ chlorinatæ were used twice a day. The first one caused a sharp chill. The patient recovered.

The doctor states that even Dr. Thomas in his recent paper on puerperal septicæmia, does not make any reference to these peculiar lacerations extending into the broad ligament. He believes they have been hitherto undescribed.

An extraordinary case of constipation. (Mary J. Safford, M.D. *New Eng. Med. Gazette*). Girl age 16, apparently healthy, had been constipated from childhood; had been under care of physicians of both schools. Evacuations were produced by medicines or injections. She would sometimes go three weeks without stool. Examination showed enlargement of stone-like hardness filling the abdominal cavity to umbilicus. It was slightly movable upward and laterally.

Another enlargement extended from umbilicus to epigastric region, almost stone-like and slightly movable.

Examination by rectum prevented by mass of impacted feces, which injections of warm water did not remove. Copious injections of warm water and sweet oil were ordered, which resulted in copious discharges with some prostration. A second attempt was futile from impacted feces. Injections were again ordered to be followed by sweet oil or castor oil, until the rectum was free. She returned in ten days and declared that she had passed pailful of fecal matter. The enlargement had disappeared, nothing abnormal was found, she has remained in health, and has no further trouble with constipation.

Urethral Ectasia or Vaginal Methrocele. Prof. Carl Santesson describes a case of this rare affection.—Age 28; trouble followed labor. The first symptoms were itching and heat in vagina, with pain if she did exhaustive work. An alternation of retention and incontinence of urine. Tumor 1 2-10 in. long and 8-10 wide behind the urethra. The pouch communicated with the urethra by an opening about the middle third which admitted a No. 16 sound. Catheter passed into the bladder without difficulty. The tumor was reduced by making an eschar with fuming nitric acid, which cured the incontinence. Three years and a half later the trouble returned. S. then excised an elliptical piece from the vaginal mucous membrane over the tumor, and united the borders with sutures. Cure followed in about five weeks. S. has found only six similar cases reported in literature. This, he thinks, must be due to these cases being overlooked.

Pruritus Vulvæ due to ulcer of the rectum. (Dr. C. S. Ward, *Med. Record*.) No evidences of irritation were discovered about the vulva. There was intense pruritus with such distress at night that she would walk the house for hours. The rectum was examined. Just above the sphincter was an ulcer almost the size of a quarter of a dollar. Recovery followed the cure of the ulcer which was treated by nitric acid locally.

(To be Continued.)

THE  
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*A Monthly Journal of Medicine, Surgery, and  
Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

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*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE HIERING.

A happy and prosperous New Year to you all.

\* \*

The year of our Lord 1886 has come ; where and how it will find us at its close—who can tell ? As we see the years slipping away from us one by one, we are made to realize how little we accomplish in comparison to what we plan. No matter how earnestly we labor, much remains undone ; and even what is done seems incomplete and inadequate, as we look back upon it. The year just past has not been a very bright one to professional men ; who always suffer more than

any other portion of the community whenever there is a general business depression. Nor is the present outlook at all cheerful. Not only are the general finances unsatisfactory, but, from various causes, the medical profession has been greatly overcrowded, so that there are even in many obscure and remote places more doctors than can get a decent living, even in prosperous years, while in large cities the supply is double the demand. The present system of medical education has much to do with this unhappy state of affairs, though it has been mainly induced by the crowding into the profession of a host of men, who have been led to regard medicine as an easy means of securing any respectable livelihood, and who are for the most part destitute of a special ability or aptitude for its practice. The inefficiency of a vast proportion of the profession has induced a wide-spread disbelief among the laity as to the capacity of medical men to deal with disease. This inefficiency does not necessarily proceed from lack of education, as ordinarily understood ; nor does the inability to spell correctly in English, or to scan a passage from Virgil, prevent a man from possessing that natural instinct for diagnosis and the application of correct therapeutic measures upon which all efficient medical service depends. Whatever may be the cause, there does exist among the laity a pronounced belief that medicine is simply a huge system of guessing ; and there is unhappily a reasonable basis for that belief. A friend of the writer, in an inland city, presented the details of a case successively to six homœopathic physicians, who each thereupon prescribed a different drug. Evidently five-sixths of this was guess-work, even admitting that one of the remedies was homœopathic to the case ; and yet these men were all in reputable



practice. This distrust of the profession leads many thousands to seek for cure outside of professional advice, thus largely reducing the aggregate income of the profession ; and this at a time when foot-hold in medicine is yearly becoming more and more precarious.

Such gloomy thoughts would be out of place at this time, if they did not convey a message and a warning. There is but one way in which medicine can be redeemed from public odium ; and that is for every man to do his duty. Let us then begin 1886 with the resolve to prescribe more accurately than ever before, and through this endeavor redeem the good name of the profession. It seems, by general consent, to be admitted that the homœopathists of to-day are not as successful as were the pioneers ; that the reputation achieved by the "old guard" has not been maintained. This ought not to be. It could not be if we adhered closely to the law in which we profess to believe. Let us resolve, with the new year, to return to an unflinching devotion to the line of practice indicated so succinctly by the master, in his matchless Organon. In this way the profession will be relieved from the odium of insincerity and inefficiency which is now upon it ; an odium which is unfortunately deserved. Faithful adherence to law on the part of those who know the truth, will, through the superior success thereby achieved, gradually crowd out the insincere and incompetent, and the profession become something more than a mixed multitude scrambling for a living. We have ourselves to blame if medicine is discredited ; and the protest against the incapacity of the profession, shown by the eagerness of the laity to take up with every new form of medical humbuggery, will disappear when the profession has learned to do its duty—to heal the sick.

With the opening of the new year will come the usual efforts to manipulate legislation, in the several States, in such a way as to strengthen the hands of the so-called regular branch of the medical profession. As a rule, homœopathists and eclectics are willing to believe that the people can best select for themselves the kind of treatment they shall avail themselves of in case of illness. This is not to say that quackery shall be encouraged. A man has no more right to pretend to be what he is not, in medicine, than he has to sell adulterated groceries or diseased meat. In both cases the law steps in to prevent fraud. So it should be in medicine. But after eliminating false pretenses out of medicine the law cannot go a step further toward coercing the people into employing any particular class of men as their physicians without trenching upon their inalienable rights. The plausible theory advanced as the reason why medical legislation is in the interests of the people is based upon the ridiculous formula that education makes a good practitioner. Good doctors are born, not made by medical colleges. The advantages of education are not denied ; but making education a test as to the quality of the doctor, is like minting coin out of various metals with the same stamp, and declaring them to be all alike. The only test of the practitioner of which the law can reasonably take cognizance, is that of his success in curing his patients. When a man noticeably fails, as a proper registration of all cases, and the results, would show that many a man holding a high position does fail, to cure a reasonable proportion of his cases, judged by the standard of success of other practitioners, the law could properly investigate whether it was not a case of a square peg trying to fit into a round hole ; whether the man had not



missed his vocation, and was occupying a position which nature had not intended him for, to the manifest detriment of the community; and this in face of the fact that through social and other influences he had secured a wide *clientèle*. Erudition never made a successful practitioner of medicine; and some of the most appalling blunderers in the sick-room are the inflated and bombastic men who can learnedly chatter about morbid processes and tissue changes, but who in the presence of pain are helpless save through that delusive refuge, the hypodermic syringe. The statement that the purpose of medical legislation is to protect the dear public is a pretense and a fraud, as bald in conception and as defiant of truth as that of the man who advertises in the daily papers to cure clap in forty-eight hours. The purpose of all medical laws, which have come under our observation during the past ten or more years, has been to create a medical priestcraft, bound together as a trade-union for the conserving of its own interests. If a clique of medical men, or the entire profession for that matter, want to bind themselves together for greed and gain, no fault can be found with them for putting themselves on the same basis as cigar-makers, railway engineers or stevedores; but let them not pose as philanthropists meanwhile. We took for our motto for 1885, that impressive phrasing of a beautiful truth, by Edward Everett Hale: *Noblesse oblige*, our privilege compels us; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature." The men who try to manipulate our several Legislatures are not of this way of thinking. They are after the offices, emoluments and pecuniary prizes which

they can only hope to secure through the ignorance or venality of legislative assemblages. Every law that they can, by hook or crook, get upon the statute books, in any of the States, merely whets their appetite, and makes them more persistent in clamoring for additional means to prevent the public from making a free choice in the selection of medical practitioners.

\* \*

Dr. Anna Kingsford writes to the *London Spectator* that the experiments of Pasteur on hydrophobia are not so conclusive as has been generally assumed. She points out that the alleged cure of the boy Joseph Meister by inoculation is doubtful inasmuch as his wounds had been thoroughly cauterized before the inoculation. As thorough cauterization in a large number of cases has given protection against the disease, it is impossible to be sure that Meister had not secured immunity before he was inoculated. Dr. Kingsford further intimates that there is serious doubt as to the condition of the rabbits from which the virus is taken by Pasteur, it being contended by many scientists that they are not suffering from true rabies, but from an artificial malady produced by M. Pasteur's method of operation; a kind of septicæmia or blood-poisoning, in fact. The third ground of objection consists in a doubt whether the dog which bit Joseph Meister was really mad. This could only have been ascertained scientifically by inoculating other dogs with its virus; and no such precaution was taken. On the whole Dr. Kingsford seems to have shown reasons for suspending judgment on the hydrophobia cure question.

\* \*

It is a pertinent question, and one deserving discussion, whether it is fair

to deny the right of compensation to the inventor of a useful surgical appliance, because he is a medical man. Practically nothing is gained by it, except to prevent the deviser of the instrument from sharing in the profits, as the profession pays for the goods always a price that includes a sufficient compensation to both the maker and the inventor. On the other hand, the practice of making trivial alterations in useful and well-known instruments, which add nothing to their value, just for the sake of claiming an invention, should be discountenanced. Here one is reminded of the story of the doctor, who had devised the modification and possible improvement of an existing instrument and presented it at a meeting of brother physicians for approval. It was passed around and duly admired until it came to one old physician, who, after critically examining it, remarked that it was like the London corkscrew, almost as good as the old kind.

\* \*

In these days of rapid and ceaseless change, one need not be surprised at any alleged discovery, either in the diseases incident to man, or in their treatment, and the discovery of an entirely new form of nervous disease, will excite scarcely more than passing comment. A medical friend, a short time ago, related the following, which may prove of interest to gynæcologists. He was called into his office to prescribe for a patient, needless to say it was a woman, who gravely informed him she was suffering from "nervous prostitution."

\* \*

In one of the courts of Brooklyn, recently, a lawyer attempted to gain an advantage for his client by raising a prejudice against a medical witness by questioning him concerning the school

of practice to which he adhered, but was promptly sat upon by the judge, who said "He could not make any point there on the school of the physician."

\* \*

The *Medical Record*, August 22, 1885: "M. Strauss finds that the proportion of tuberculous calves does not reach one in 100,000, so the danger of tuberculosis in obtaining vaccine from these animals is practically *nil*."

It would be interesting to know how many 100,000 calves M. Strauss has dissected. In a vaccary near New York, where only the very finest stock is kept, and where every detail of care is watched with minute attention, the death of *cows* from tuberculosis averages four or five to the hundred every year. In the matter of tuberculosis, we may paraphrase the old saw, and say the calf is mother to the cow.

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#### AMERICAN INSTITUTE OF HOMŒOPATHY.

BUREAU OF MATERIA MEDICA, 1886.

HISTORY OF HOMŒOPATHIC MATERIA MEDICA.

1. Introduction. A. C. Cowperthwaite, M. D.
2. The State of Materia Medica at the close of the Eighteenth Century. H. C. Allen, M. D.
3. The efforts of Hahnemann for Materia Medica improvement, especially his introduction of the healthy vital test. G. W. Winterburn, M. D.
4. The works on Materia Medica, issued by Hahnemann, their composition and value. S. Lilienthal, M. D.
5. The addition to Hahnemann's works on Materia Medica, by his disciples. H. M. Hobart, M. D.
6. The present state of the Homœopathic Materia Medica, and measures for its improvement. Charles Dake, M. D.
7. The influence of the Homœopathic Materia Medica on that of the Old School. Anna M. Warren, M. D.

## Obituary.

### PROF. FARRINGTON.

Prof. Ernest A. Farrington, M.D., much beloved, and now deeply mourned, died, at his residence in Philadelphia, on December 17, of general tuberculosis. Prof. Farrington had been ill for about a year, and spent the summer in Europe in a fruitless search for renewed strength, returning home a doomed man. Prof. Farrington was born in that part of Brooklyn, N. Y., which is now known as the Eastern Division, but what was then called Williamsburg, on January 1, 1847, and had consequently almost completed his thirty-ninth year. He was educated in Philadelphia, graduating from the High School in 1866, and from Hahnemann Medical College in 1868. Two years later he was appointed lecturer on Forensic Medicine at Hahnemann, and in 1873 he became professor of General and Special Pathology and Diagnosis. In the following year he was elected to the chair of Materia Medica, in which his splendid abilities found ample scope, and through which he achieved a world-wide reputation. His connection with the *Hahnemannian Monthly*, as contributing editor, and his numerous articles in the *AMERICAN HOMŒOPATHIST*, and other journals, served to make his name known wherever homœopathic literature penetrates. His comments on the Materia Medica were always discriminating and instructive. Few have the analytical ability which he possessed in such a marvelous degree, and editors and readers alike will miss the products of his ready pen.

On the day of his death the college was closed, and remained so until after the funeral, which was attended by the faculty and students in a body.

The death of Prof. Farrington leaves a void in the ranks of true homœopathic physicians which can hardly be filled. When Carroll Dunham died, we found one consolation, that his mantle fell on Farrington, who in his whole life showed the same modesty in character and the same thoroughness in the knowledge and application of our intricate Materia Medica. As a friend to the old or young student he was always most reliable and nothing pleased him more than

to clear up some doubtful point. As a teacher he had few equals and his disciples treasure up the notes taken during his lectures as their most valuable aid in their daily practice.

*Requiescat in pace!* But the living have yet a duty to perform. Let his colleagues in the City of Brotherly Love collect the contributions he made in different journals; let them collect from former students their notes from his *Materia Medica*; a publisher can easily be found, and the memory of E. A. Farrington will then be forever kept bright before us. S. L.

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### ITEMS.

Dr. John L. Ferson has removed to Sanford, Fla.

Prof. Boynton, 30 West 33d Street, New York, announces that he now devotes his attention exclusively to diseases of the eye and ear.

The publisher takes pleasure in presenting, to each of the subscribers of the *AMERICAN HOMŒOPATHIST* a copy of an excellent portrait of the editor.

*The North American Journal of Homœopathy* is now issued as a monthly. It is edited by a corps of bright and clever men, and starts out in its new form with much vigor. We wish it a prosperous New Year.

Parke, Davis & Co. put up in neat form about 300 specimens of crude drugs, for the use of students of pharmacy and materia medica. These sets cost only ten dollars, each specimen being put in a little box, properly labeled, and the whole inclosed in a cabinet.

A countryman with a jumping toothache entered a drug store and inquired for something to give him relief.

"We have various remedies for that trouble," the druggist replied. "We can give you anything you like, sir."

"Well," replied the suffering countryman, "I guess you kin give me a small bottle of Boston faith cure; I hear it's knocking the spots off everything!"—*Gaillard's Medical Journal*.

Dr. Geo. M. Dillow in retiring from the Presidency of the New York County Homœopathic Medical Society, (to which he might have been re-elected had it not been for his positive refusal to permit the use of his name), carries with him the reputation of a faithful and efficient officer, who, by his wise administration, has placed the society in a most advantageous position for practical work. The County Society, with its one hundred and seventy-four members, should be a powerful agency in promulgating the truths of homœopathy. It has not done its duty in this regard; but, thanks to Dr. Dillow, it is now in a better position than ever to do so.

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No. 2.

THE AMERICAN INSTITUTE OF HOMŒOPATHY ; ITS ORIGIN, ITS WORK, AND  
ITS CLAIMS

BY DOCTOR



Nashville, Tenn.

IN the summer of 1843 the New York Homœopathic Physicians' Society issued a call for a convention for the purpose of organizing a National Society. The convention assembled in the Lyceum of Natural History in that city, on the 10th day of April, 1844.

Dr. Hering, of Philadelphia, was chosen president, Drs. Josiah F. Flagg, of Boston, and William Channing of New York, vice-presidents, and Dr. Henry Dunnell, secretary.

It should be remembered that the determination to call this convention was formed in the very month that had seen the grave close over the earthly form of the father of the homœopathic practice, as known to the world, and that the day selected for its meeting was the 89th anniversary of the birth of that illustrious man.

After due consideration of the work called for in the dissemination of a knowledge of homœopathy, and of the difficulties placed in the way by the societies and journals of traditional medicine, the following resolution was adopted.

Resolved, That it is deemed expedient to establish a society, entitled "The American Institute of Homœopathy."

The convention, in accordance with its resolution, passed into a permanent organization under the name mentioned, with the following officers :

Josiah F. Flagg, M.D., of Boston, President ; John F. Gray, M.D., New York, General Secretary ; A. Gerrold Hull, M.D., New York, Provisional Secretary ; S. R. Kirby, M.D., New York, Treasurer.

At the time of this organization there were less than three score of homœopathic physicians in America. In New York, Philadelphia, Boston, Baltimore, Pittsburgh, Cincinnati and a few other places they were to be seen, striving to extend the blessings of *similia* to people, in times of sickness, subjected to blood-letting, salivation, blistering and other heroic measures. Ridiculed, at first, and then persecuted by every means suggested by ignorance, prejudice and selfish interests among the medical men around them, they felt the need of some association for mutual friendship and support. Had they received any tokens of toleration, allowing them to appear in the existing medical societies with statements of their change of views and reports of practical success—had the medical journals of the day been open to their contributions—had there been any proper discussion of the merits of what they considered a great advance in therapeutic methods—they would have felt no need and no desire for any other organizations or any other journals. To band together for self-defense was a necessity laid upon them. Like their pioneer fathers, bearing civilization to the wilderness, battling not alone with natural obstacles, but also, with powerful enemies, open and covert, they would have been picked off and destroyed, or driven into long captivity, before the benefits of their mission could have been realized.

Though the American Institute was four years old when personally I made its acquaintance, attending its meeting as a student, I can recall many a case of personal abuse, many a denunciation, and



not a few arraignments in courts of law for practicing homœopathically, before it was organized.

Truthful history must tell to coming generations that it was in no spirit of schism and no desire for the multiplication of sects or schools in medicine, that its members were banded together as followers of Hahnemann; but in order that freedom of medical belief and medical practice might be enjoyed in these United States—especially that light might be shed upon the destructive measures of the current medical practice as well as upon the superior benefits of those offered by homœopathy.

The American Institute held its second meeting in Philadelphia, its third in Boston, and so on, in one large city after another, each year receiving additional members.

A popular address was delivered at each annual meeting, setting forth some of the claims and triumphs of the new school, greatly to the encouragement of its lay friends as well as its practitioners.

Its tenth session, the first held away from the Atlantic sea-board, was at Cleveland, Ohio, in 1853.

For many years it had but one bureau, called the "central bureau of materia medica." I had the honor, in 1855, of moving the formation of a standing committee on clinical experience, afterward erected into the "bureau of clinical medicine." The process of evolution went on, leading to the formation of one bureau after another, till not only the fields of materia medica and therapeutics were under direct cultivation, but likewise those of surgery, midwifery, and all the primary and collateral branches of medicine.

Five years after the birth of the Institute a homœopathic college, duly organized under a charter, with a full faculty and a curriculum as extended as any found in other medical schools in the country, was opened for students in Philadelphia; and, about two years later, the college at Cleveland with like advantages, was organized.

The society formed and sustained in self defence and to enlighten men already educated in all things medical, save the materia medica and therapeutics of Homœopathy, witnessed a rapid spread of its

influence and the growth of a desire to have the practitioners of its methods educated, from beginning to end, in schools of its own; and it is not strange that the progress of surgery and obstetrics, and other branches taught, should have caused the formation of bureaus devoted to the cultivation of their several fields.

The fourteenth session of the Institute was held in the "far west," at Chicago. At the previous session in Washington city, when I moved that we meet in Chicago, the following year, I was most vigorously opposed by my eastern friends, on the ground that going so far into the interior, where there were so few practitioners of the new school, and where so many of them were tinctured with "eclecticism," the character and even the life of the society would be jeopardized. My representation of the vigor and push of our western men, and my promise that the Institute should come back to the East, with fresh blood and renewed vigor, at length prevailed; and my promise was fully realized. I mention these circumstances to show the conservative character and limited scope of the organization in its earlier years.

At the sessions in Cleveland and Albany, in the years 1853 and 1854, a lively discussion sprang up, as to the propriety of a resort to measures other than those suggested by the principle *similia*, such as cold baths, morphine, etc. The members were nearly equally divided, as purists on one side and liberals on the other. I had received such a warping from Reichhelm and Hering, while a student, I was one of the most ultra of the purists. I declared stoutly against measures that experience afterward convinced me, were not only necessary in the treatment of the sick but in no way contradictory of Homœopathy. I then stood with Wm. E. Payne, S. R. Kirby, Richard Gardner and others against Gatchell, and Pulte, and McManus, and other liberals. At the session in Philadelphia, 1860, I felt so impressed with the necessity of some authentic declaration of principles, to which defenders of our faith could refer, as showing the real character of Homœopathy, I moved the adoption of a platform. The freedom loving, creed-

hating Quaker element, led on by Jacob Jeans, was against me, and so were the liberal members generally : and, as a result, my platform was defeated, though asserting nothing that was not, generally, admitted as true.

A few years later, with more experience, I was myself quite on the liberal side and fully opposed to the fixing of creeds for bodies devoted to scientific inquiry and progress. But when the vote at Philadelphia, on my platform, was decided in the negative, my friend, Dr. Hering, took his hat and walked out, declaring he was forever done with the Institute. So great was his vexation he afterward urged me to join him and others in the formation of a new society, one more purely Hahnemannian ; but I declined and begged him to submit to the majority, as to having a platform, and to continue in the old Institute, as the best to be done under the circumstances. In this connection I may mention that, I was, some time afterward, urged to aid in the organization of a more liberal society, one with a higher standard of qualifications, by Dr. John F. Gray, the prime-mover in the formation of the Institute, in 1843. He had become disgusted with some of the marvellous cures reported, in cases of organic disease, considered incurable except by surgical means, especially when the doses employed were of the extremely "high potency." In answer to him I urged the duty of standing by the Institute, with a view of correcting whatever abuses might arise, to the end that we might not be divided up into factions.

The fresh elements brought into the Institute, especially after our great civil war, which had suspended the meetings of the Institute for a period of four years, the trained and vigorous young men, gave a new impetus to our cause and greatly helped in the adoption of methods for more thorough work. The establishment of homœopathic colleges in New York, Boston, Chicago, and St. Louis, also aided much in elevating the character of papers and discussions in the Institute. And, later, the schools in Cincinnati, Ann Arbor and Iowa City came to our support.

It is a notable fact that the professors in our schools have always been foremost

in Institute work, prompt in attendance and ready to write and to speak as occasion might demand.

With the growth of colleges and the formation of societies in cities and states, auxiliary to the Institute, the one medical journal in New York, conducted by Drs. Gray and Hull, was multiplied ; and writers enough were developed to fill the pages of several other good journals. And the editors of these, like the college professors, have mostly been regular attendants upon and good workers in the meetings of the Institute.

As I have intimated, the unity and progress of the Institute have been several times jeopardized by a dissatisfaction with some of the work done ; not always however by the dissatisfaction of the same parties. At one time there was complaint, that some of the papers read smacked too much of allopathic methods ; while at others it was, that papers read were extravagant, even to absurdity, in claims for the all-sufficiency of Homœopathic remedies and the utter uselessness of all other means. Occasionally the charge was made by some disappointed aspirant for office, or some member who came once in half a dozen years to the meeting, that the Institute was being run by a clique.

I have been as familiar with its doings for nearly forty years, and at as many of its meetings, as any living member, and I have never discovered the workings of any clique save one, made up of men who left their offices and their personal work at home, to attend to its duties in the reading of papers, the discussion of professional topics and the protection of its interests against men, ignorant of its rules and careless of its duties, who were seeking above all other things their own personal promotion and aggrandizement. Such a clique has been apparent at times and, it is to be hoped, may continue to appear so long as such an organization is necessary and useful.

In these later years, since the membership of the Institute has become very large and its workers more and more given to specialties, the number of its bureaux has been yet further increased, as also the necessity for some limitation of the subjects and papers brought forward by them. At present a bureau is

confined to one special subject, each year, and the papers read by its members or chairman must all bear upon it alone. This rule, when observed, has insured thorough research and given to the profession, each year, some valuable works and instructive discussions upon their subject matter. The investigations carried on in the bureau of *materia medica*, and in that of pharmacology, these last few years, have done much to clear up the mists surrounding the preparation as well as properties of our medicines, and much toward placing our *materia medica* upon a reliable footing.

The alarm experienced by some of our members when the processes of drug attenuation and the make up of our *materia medica* became matters of critical inquiry and scientific investigation, such as considered not only admissible but necessary, in every other department of human learning and labor, was quite needless. It ill became those, who had been protesting against the darkness and star-chamber methods of old physic, to raise a cry against the light brought to bear upon the ways and means of homœopathy in the interest of truth. But such were the mistaken notions of a few of our members as to their lines of duty, as followers of Hahnemann, they went off and organized another society, where such investigations and such attempts at self-correction and improvement should not be tolerated; and strenuous efforts to blacken and break down the old Institute have been made by the leaders in that strange movement.

On the other hand, some members of the Institute, disgusted with the inconsistency of those who would shut out the light of fearless inquiry, and outraged by the effrontery of some of the malcontents who still would come to the meetings of the Institute, as though friendly to its purposes, have desired to draw the lines so sharply as to force them out entirely.

But the conservative element, willing to let the results of free investigation and full expression work out the errors and purify the membership of the body, have steadily opposed all summary measures. The ruling policy has been to do nothing to sever the attachments of those long identified with the work of

the Institute, who may have fallen into some errors as to one thing or another. The Institute, the largest association of homœopathic physicians in the world, and venerable when compared with all other national societies in this country, can afford to allow the utmost liberty in thought and expression, and even to bear patiently the scoldings and peevish denunciations of her wayward children. Subject to the relentless warfare of enemies without, from infancy to maturity, and triumphant over them all, why should she fear the groundless complaints of some within her fold?

And the question has arisen in the minds of some of her members, whether, in view of the widening of her scope of inquiry and the multiplication of her bureaux, taking up subjects not directly therapeutical and not strictly covered by the term homœopathic, it is not time to change the name, so that she may be known as the Institute of Medicine, the therapeutic principles peculiar to homœopathy being understood and retained as before. While there is much to be said in favor of such a change for the sake of apparent consistency and that the objects of the Institute may not be misunderstood by outsiders, it has seemed to the large majority of the members that the time has not yet arrived for it to be effected. In the first place, the claim is perfectly valid that every homœopathic physician in his efforts to cure the sick, every practitioner in the American Institute, must have the advantages of what is furnished by each bureau at work.

Anatomy, physiology, microscopy, pharmacy, obstetrics and surgery, as well as *materia medica* and clinical medicine, come within the field of the homœopathic student and practitioner, so that the physician, or the society of physicians, bearing the title homœopathic, may rightfully and consistently cultivate them.

And again, the principles and practice for which the institute was especially organized, and on account of which the name homœopathy was assumed by that organization, have not been so universally accepted that they do not need to be made prominent in its very name now as at the beginning.



Besides were the distinctive title now dropped the change would be misunderstood and misrepresented by our enemies. It would at once be said that we have so far departed from our original principles, and become so allopathic, we are disowning the name we took upon ourselves at first—that we are seeking favor by hauling down our colors—that at last we have become sensible of our great mistake.

There will come a time, and not a great while hence, if the acceptance of our methods] and means continues to advance among the old school practitioners as during the last decade, when there will be no need for sectarian names or sectarian organizations in medicine. To members of a medical association no special title will then be necessary to indicate the fact that they have full liberty to investigate and to adopt the homœopathic method and to employ whatever doses may be requisite in the cure or relief of the sick. But not till all leading medical journals and associations of medical men shall be open for the comparison of therapeutic views, and the free utterance of medical opinions, can we afford to surrender our distinctive journals, societies, colleges, and hospitals.

The usefulness of the American Institute is not ended. With an open door, and the utmost liberty for investigation and discussion, and adoption of what is proven to be true and best in therapeutics, she must live on and command our best endeavors, till the spirit of intolerance and persecution for medical opinion's sake is subdued, and the bars to medical progress are forever broken. As the long night of superstition that brooded over the human family has passed, and the talk of creeds and canon laws in medicine has given place to inquiry as to what has been discovered and what is most probable, and what is proven to be true, we may confidently look for the methods and the spirit which now characterize other departments of science and art to be recognized also in the domain of medicine.

Meantime, and to hasten so desirable a state of things, let us kindly seek to find points of agreement, and to lessen

those of difference, between our organization and others devoted to the art of healing.

Conscious of the vast amount of useful information yet to be gained before medical skill is equal to the demands of suffering humanity, let us think more and work harder for truth and harmony than for sectarian preferences.

However we may be individually persuaded, let us not have our opinions engraved on stone or steel as though formulated for all time, nor let us suppose that those who cherish different ones are necessarily and altogether in error.

In all honesty, pursuing the ways we deem best, let us accord some honest though possibly mistaken purpose to such as pursue other ways in the great medical field.

In conclusion, the benefits of the American Institute of Homœopathy may be chiefly summed up as follows :

1. A strong support to the practitioners of the homœopathic method in their pioneer work by an annual gathering and interchange of views.

2. A corrective influence, preventing practitioners from getting into the ruts, which the stay-at-home doctors are sure to run in, more or less, while never comparing their methods with those of other living physicians.

3. A corrective influence upon writers of books, teachers in colleges, editors and correspondents of journals, pharmacists, and others, who are thus made personally known to the active, critical body of the profession.

4. The only opportunity afforded for the gathering and directing of the united sense of the profession upon abuses to be corrected and improvements to be made.

5. The cultivation of a proper sense of honor and decorum among the members of a noble profession.

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On June 16, the venerable Dr. Kafka will celebrate the fiftieth anniversary of his entry upon the practice of medicine. In the name of his loyal services to homœopathy we extend to him our most cordial felicitations upon his golden wedding with his beloved profession.



**A RECURRENT FIBROID TUMOR OF THE BREAST**

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New York.

(Read before the Homœopathic Medical Society of the County of New York.)

THE following case of recurrent fibroid tumor of the breast, illustrates in the primary growth, what Billroth has called the regional recurrence of neoplasms, in opposition to what Thiersch has called their continuous recurrence; and also affords an opportunity for discussing the somewhat rare complication of secondary lymphatic nodules, in this connective-tissue neoplasm; which secondary development, according to its etiology, may be dependent upon either one or the other, of those two methods of recurrence.

There is nothing especially noteworthy in the clinical history of the primary growth with possibly the exception of the length of time between the removal of the primary tumor, and the second operation, which will be taken to represent a period at which the size of the growth necessitated its amputation—a period of six years. In other respects the course of the case was quite typical of the class neoplasms to which it belongs and even the above mentioned time consumed in the development of the recurring neoplasm, is not of very unusual length.

The patient, a married lady sixty-one years old, had never been pregnant. Her climacteric was passed with no more trouble than occasional menorrhagia, but an examination at my first visit, failed to discover any evidence that the flooding had been caused by a uterine fibroid. The lady's general health had always been good with the exception of occasional quite severe attacks of dyspepsia, accompanied with constipation, and hæmorrhoids. In this connection it is well to mention that for several years she has suffered with a blind external anal fistula, the result of a rectal abscess, that pursuing a not unusual course at times heals externally, and again opens to discharge for a variable length of time. Notwithstanding that the chances are good for a radical

cure, she is unwilling to submit to an operation.

The heart, lungs and kidneys, have never shown any evidence of disease, and save for the local pathology, and the mental suffering that its presence causes, the general health has always been and continues excellent.

The right breast is the seat of the neoplastic process. This developed itself at about the age of fifty-three, as a small hard, rather painful nodule, situated near the nipple, but with apparently no involvement of that structure, an immunity that has formed a constant feature of the subsequent course of the disease. The primary growth never attained a large size, the skin was not adherent, and the axillary glands were not enlarged.

The tumor was removed with the greater part of the mammary gland, and the axillary glands pulled down through the incision—the axilla was not opened,—and cut off. I will here say that I believe this practice deserving of the strongest condemnation. The conservative element in surgery is good in its place, but the hand that would spare a few clean cuts with a scalpel, when by such means better facilities are afforded for removing diseased structures, is not guided by true conservatism. Without opening the axilla it is impossible to thoroughly clean out the space, and very easy to leave some glands and fat, that being already infected, but not perceptibly so, may become the nidus for future neoplastic development. The danger also, from pulling down the axillary glands is considerable, for the lymphatics in this region, as generally, are intimately related with the blood vessels, and these are easily injured, and may by such violence, be ruptured, causing in one instance lymphangitis, in the other a hæmorrhage, difficult to control.

The wound after the first operation healed promptly, and the cure for a short time seemed to be permanent. In a few months however, a small nodule developed at about the centre of the cicatrix, and remained without apparent change for four years, when it began to slowly increase in size, and to be the seat of occasional pain; but the prin-

cipal discomfort at this stage was caused by a sensation of constriction of the chest, at times so pronounced, as to interfere with respiration.

My acquaintance with the case began about six years after the primary operation. At that time I found a hard tumor the size of a large egg, situated in the mammary region, where it involved the cicatrix of the former operation. The growth seemed to be attached to the thorax, and the tegumentary covering was adherent to it. In the centre was a slightly softer area, which I pronounced an accidental sanguineous cyst: and afterwards verified as such, and traced to an injury received some months before, while getting into a carriage. The axillary glands were enlarged, and hard, a condition that had existed for only a short time. These secondary nodules were quite sensitive, and not less painful than the mammary neoplasm.

I removed the entire mammary gland, or more strictly speaking, the tissue in the mammary region, for very little of the lacteal organ remained, cutting away a considerable portion of the pectoral muscle, together with the pectoral gland; and opening the axilla after the method recommended by Volkmann, cut out the axillary glands and fat. The extensive wound healed well under the use of the dry sublimated dressing, and thorough drainage.

A microscopic examination of the neoplasms showed that the one situated in the breast was made up of large coarse fibrous bundles, with a considerable proportion of connective-tissue stroma, and with a disposition to break down into softer and more embryonic consistence and forms, in the region of the sanguineous cyst. The axillary neoplasm was firmer than the first one developed, and presented no evidence of internal softening. In neither was there any admixture of epithelial elements, the tumors were everywhere made up of connective tissue bodies only.

In considering the method of the recurrence of neoplasms, we have to deal with a question of their etiology, for it is evident that we cannot look upon the processes that induce the redevelopment of a peculiar histogenesis, as wholly different from these that were instrumental

in bringing about its first manifestation. We therefore have two methods—into which all others may be reduced—by which this neoplastic recurrence takes place. Either each tumor is due to a repetition of the process that resulted in the first development, and is therefore a local cellular error; or some fertilized, or fertilizable germ of the primary neoplasm remains, either at the seat of the primary tumor, or in some more or less remote region of the body, under favorable circumstances, to develop and repeat the parent process.

It will be perceived that these two processes as thus stated are quite distinct. But as in other strongly contrasted natural processes the shades of distinction become gradually less pronounced the nearer we approach their origin—indeed, we find that many widely distinct phenomena have a common origin, and owe their genesis to some slight change brought about by the action of environment—so it is probable that there is no impassable line between those two methods of the recurrence of neoplasms; that in some instances one method, in others both methods, may induce the redevelopment of the growth, the determining cause being frequently the circumstance of environment. It still however seems possible, judging from clinical history, to say with some degree of assurance, that the histology of the neoplasm is a largely controlling element in the method of its return, or indeed its return at all, for I think it will be found that the connective tissue neoplasms are much more likely to illustrate the original recurrence, and the epithelial neoplasms, the continuous recurrence of pathological processes; that the methods of proliferation that characterize the cell derivatives of the mesoblast and the epiblast, are factors in bringing about the local changes that make possible the return of a neoplasm. The slight power possessed by mobile connective-tissue neoplastic cells, to establish neoplastic processes in their new situation, can find no other explanation than this, for it is a fact that connective tissue bodies constitute the larger proportion of the wandering histoid elements, and epithelial bodies the larger proportion of the stable elements of the

organism; it would, therefore, upon these data alone, be reasonable to expect that one of the terms of malignancy—return after removal, the secondary development involving remote parts—belongs in a preëminent degree to mesoblastic neoplasms, an expectation not confirmed by the history of tumors.

The metastatic development of fibroma in lymphatic glands is rare, and its occurrence is rather difficult to explain; indeed we may question whether in the strictest sense such growths are true developments from the primary neoplasm. The influence that connective tissue cells possess upon each other, the "spermatic influence," is, as we have seen, very slight, upon epithelial cells it is probably quite negative, and even when wandering connective tissue neoplastic cells are arrested in the lymphatic glands, it is not possible to say what action they would there set up. For they would not be brought in direct contact with the connective tissue stroma of the gland, and upon the endothelial cells that line the lymph-sinuses, their effect would be very problematical, and would probably not extend beyond the multiplication that attends inflammatory irritation.

Then again, it is known that connective tissue neoplasms, especially the sarcomata—but between fibroma and sarcoma there are no greater differences than would be embraced between the two extremes of one process—do not invade remote regions of the body by the lymph channels, but that their germs are carried by the blood vessels and become localized when they have passed through the vascular walls into the surrounding connective tissue, or possibly find their apt locality in the endothelium of the vascular walls.

It therefore becomes apparent that we must look upon the secondary growths in lymphatic glands that occur in the course of mammary fibromata, either as originating in irritation that has its starting point in the mammary neoplasm, or as independent histoid developments. From the few cases of this rare complication of the disease under consideration, that I have studied clinically and examined microscopically, I am inclined

to think that both of these processes are concerned in the development of the axillary neoplasms. For in the first place we are here dealing with a pathological new formation that is peculiarly antagonistic to constitutional involvement, the favorable locality for the development of which, in both primary and secondary growths shows no evidence of a more deeply seated determining cause than local irritation. We are therefore justified in regarding multiple fibromata, whether they occur in the connective tissue of the integument or are seated in the stroma of glands as local errors in cell nutrition, resulting in hypertrophy and the crowding of immature histoid forms; as growths that are not of necessity connected with each other. In the second place it is more than probable in the case of lymphatic fibroid development, as the axillary glands, that the perverted cells from the mammary neoplasm pass into the lymphatics, becoming arrested at different places in the depuratory structure; and there *in time* induce a hyperplasia of the lymphoid tissue, that in rare instances attains the proportions of the condition described. I emphasize that *in time* this is brought about, for unlike the secondary nodules of epithelial neoplasms, time enters as a very important factor in the development of secondary connective tissue growths, it being observed that they do not develop until late in the course of the disease, or until the primary tumor has been removed, or until the recurrent character of the neoplasm has been demonstrated.

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#### THE CESSPOOL AS AN ORIGINATOR OF ZYMOTIC DISEASE.

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Philadelphia.

(Read before the Pennsylvania Homœopathic Medical Society.)

THIS paper is written, not to fill a place in the Sanitary Bureau Report, but because so large a proportion of physicians either too lightly estimate, or else entirely overlook, the importance of the subject of which it treats. We of the



present day are so preoccupied with the study of "germs," as the causes of zymotic diseases, that we almost forget to ask ourselves whether these minute organisms are merely the transmitters of infection, or whether they are also its originators. Too many of us, indeed, seem to think that because of the supposed fact that the vast majority of cases of infective disease arise through the agency of these living germs, it is well nigh useless to pay serious attention to any other possible causes.

The proposition that all cases of any one infective or contagious disease—no matter what one—have their origin in pre-existing cases of the same disease, is both undemonstrable and irrational. In the first place, there are too many cases occurring which it is utterly impossible to connect with a previous case, either directly or indirectly. In the second place, we must admit that each one of these types of disease must either have constituted a part of the physical endowment of the primogenitors of our species, or else that they had a subsequent miraculous origin, or else that they arose at some point in the lifetime of our race, amid natural, though doubtless, unhealthful surroundings, and under the operation of natural laws and forces. This latter supposition is the only one that can be accepted by either the Christian or the scientist. And if such a result has occurred once, a similar concurrence of materials and conditions and forces can bring it about again.

The writer does not, by any means, hold that all, or even most, of those cases which *seem* to arise without the agency of a previously existing case, do so in reality. In the great majority of such instances, we are simply unable to detect the means and mode of transmission. This, however, is chiefly true, as it relates to the spread and progress of epidemic visitations, and not as regards sporadic or endemic diseases. Indeed I am almost entirely convinced that many local and even some widespread, epidemics have arisen from a single case which had its origin *de novo*, and without the aid or influence of any other case of disease. Among these, I have no hesitation in mentioning typhus, typhoid, scarlet and spotted fevers, diphtheria, measles, and

others. Of yellow fever, Asiatic cholera, small-pox, syphilis, etc, we must speak with more caution, simply because we have fewer opportunities of observing the modes in which their prevalence makes its beginnings.

As a cause of serious and fatal maladies, the accumulation of human excrement in or near human habitations, has had a bad name for centuries past. Among those who give special study to the causes of disease, and the essential prerequisite conditions of health, there is but one opinion of the cesspool, and that is a bad one. Disreputable as a defective sewer may become, it can scarcely be held in greater abhorrence by the layman, than is the *average* cesspool by the accomplished sanitarian. Not only are these accumulations chargeable with much of the awful mortality of the Middle age epidemics, but they are directly responsible for much of the loss of life in those of the present century ; yea, and of the present year.

In order to bring this subject forcibly to the attention of our physicians, with a view first to discussion and then to action, permit me to mention a few facts from recent journals, and from my own recent observations.

Dr. Charles J. Renshaw, in the *British Medical Journal*, of January 3, 1885, after examining the Report on Diphtheria, by the Collective Investigation Committee of the British Medical Association, finds that less than one-tenth of the cases reported are supposed to arise from sewers or bad drainage. He further says: "I find it equally in old and in new houses ; houses well drained and otherwise, in houses which have no connection with drains, and in localities where there are no drains at all. It is evidently not a sewer disease *per se*, thought is is, no doubt, possible for it to be carried by drains. . . . In the great epidemics of France (1818 and 1855) and Scotland, it is on record that the places were in an unsanitary state ; all sorts of material, animal and vegetable, mixed and unmixed, being left about to decay and taint the air.

"On October 1st a heap of vegetable matter was mixed with animal matter, by two men. Both heaps had been on the ground for some months. Neither of



the men were taken ill. March 1st this mixture was distributed over a field, and the man and the boy who did the work were both attacked with diphtheria, one on the 3d, the other on the 7th. A similar heap of mixed animal and vegetable matter was spread on a field adjoining a house. The two men who did the work, and five children in the house, were all ill with diphtheria within fourteen days. A heap of ordure close to a house was mixed with some vegetable refuse, and suffered to remain for three months undisturbed. No one fell ill. It was then spread upon the garden, and four children in the house were seized with diphtheria. Two children were playing on a heap of animal and vegetable manure just opened; within six days both fell ill with the same malady. A mixture of blood with vegetable matter was spread upon a rose-bed. Four days afterward a little child, who had watched the process, was seized with diphtheria; there was no other case in the neighborhood, and the child had not been beyond the bounds of its own garden." Dr. Renshaw thinks these cases point, not to decaying vegetation, nor to putrefying animal matter alone, but to a ferment developed in the decomposition of a mixture of both these substances, as the real cause of them alady. If his statement is at all complete, the transmission of the virus, from other persons previously affected, is not to be thought of.

CASE I.—A little son of J. R. T., aged five years, had been prescribed for (without being seen), by a physician of the neighborhood, for a period of two weeks, for "malarial fever." According to the mother's statement, this fever must have been of a very mild type, and was not regarded by her as at all serious. During this treatment, I was sent for on August 12, 1885, because, as the messenger said, "the little boy has been sick at his stomach this morning, and doesn't seem to know what he is about, and we thought we would like to have our old doctor for him." I reached the house at 11 A.M., found the cervical glands and muscles extensively swollen, "doughy," and sensitive to touch, a slaty-colored exudation covering the fauces and soft palate, and the usual odor of

diphtheria pervading the apartment. The swelling and fetor had appeared rapidly, neither being perceptible when the mother left home, three hours earlier, to summon me. Six hours later the little fellow was dead. There were no sewer connections in the house. A cesspool stood about ten feet from the kitchen door. It was neither drained nor ventilated. Its foul exhalations escaped through the door, pervaded the yard, in which the child spent much of his time in play, and were plainly perceptible in the living rooms, whenever the doors or windows were open. This family knew of no case of the disease among their friends or acquaintances, nor in the neighborhood, and the child had not been away from home.

CASE II.—August 31, 1885, Alice S., aged eight years, just returned from her vacation spent at a Chester County farmhouse. A few other boarders were in the same country house, which was large, airy, and, in all respects, well-kept and cleanly. Little Alice was ill upon her arrival at her own home on Green Street, Philadelphia. Her disease proved to be diphtheria of a mild type. Inquiry revealed that there was no case of the malady in the neighborhood, and none of the other boarders had been heard to speak of this disease amongst their acquaintances and friends. The cesspit was located at quite a distance from the house. The smell was very foul, and "pervaded the atmosphere all around it." During several of the later days of her stay at the farmhouse, little Alice had been much of her time engaged in playing croquet close to the offensive locality.

CASE III.—Howard N., aged seventeen, was attacked about September 10, 1885, with chilliness, fever, thirst, headache, slight cough, followed shortly by nose-bleed, watery diarrhœa, and slight intestinal pains. I was called September 15th. I found his symptoms much as above described, with a "Baptisia expression," but no delirium, tongue dry, brown in centre, and yellowish along the edges. The pulse was 108, temperature 103.8°. I at first feared typhoid fever, but the symptoms rapidly yielded, the fever took on a remittent character, the diarrhœa was controlled, and the patient

is now apparently well advanced toward recovery. There are no sewer connections in the house. Within ten feet of the patient's bedroom window, there are four cess-pools, and within thirty feet there are no less than ten. The foul odors from these are sufficiently evident throughout the house.

CASE IV.—William A. Has been residing at Haddonfield, N. J., and removed to Philadelphia one month ago. Was attacked last Sunday, September 20th, with malarial chills, followed by fever and sweat, with epistaxis and diarrhœa. The case is yielding promptly to treatment, which consists, in part, in keeping him free from the influences of a yard water-closet, whose odors penetrate a brick wall, and find their way through the kitchen closet or "dresser," which stands against it, into the kitchen and dining-room.

I have now to add one other case, whose results are painfully familiar to every member of this society.

A large dwelling situated on one of the broadest avenues of this city, is provided with two house-yards. Perhaps I ought to say that its one yard, running alongside of the house, but not extending in its rear, has been divided into two portions by a one-story kitchen, built directly across it. The front portion of this yard has a front of twelve feet upon a cross-street—the house being a corner house—and a depth of seventeen feet. Back of the one-story kitchen, above mentioned, is the back yard, fifteen feet long and three feet wide, and at its rear end there is a cesspit, which occupies three feet of the fifteen feet of its length, leaving thirty-six square feet of yard space—just one-fourth of the amount now required by law. The privy is ornamented by a sham ventilator, which rests upon, but does not penetrate, its roof. Backed against this privy is a similar edifice, the property of the next-door neighbor. This also opens upon a three-feet wide court, running around the corner of the aforesaid neighbor's dwelling. The little back-yard we are describing, is bounded on one end by the one-story kitchen, and on the other end and the two sides by two-story buildings. In fact, it might be regarded as a huge two-story cesspool, without a roof.

The corner house has two windows, in each of its two stories, and the kitchen has a door opening into this cesspool yard. The exhalations from the privy are exceedingly offensive, as might be supposed, and find their way through the door and windows into the house; indeed there is little other chance of escape for them. The whole arrangement looks as though it might have been planned as a hot-bed of zymotic disease.

In August, 1883, a young blacksmith, boarding in the house, was seized with typhoid fever. He was immediately removed to the Episcopal Hospital, where he subsequently recovered. In May or June, 1884, another boarder, a huckster, was attacked with the same malady, was at once removed to the hospital, and returned safe and well in August. About the time of his return a third boarder, a street-car conductor, also succumbed to typhoid fever, and, after a course of treatment at the hospital, fully recovered; and returned to his home in September, 1884. Here were three cases in a little more than one year, and their prompt removal to the hospital, and the intervals between the cases, precludes the probability that one patient transmitted the disease to the others. The fourth case, however, was by no means so fortunate.

The gentleman who kept the house had a brother residing in Luzerne County, Pa., who paid him a visit to the house in the latter part of December, 1884, and spent the Christmas holidays there. Shortly after the 1st of January, 1885, he returned home, was immediately seized with typhoid fever, and, for many weeks, lay at the point of death. His dejecta were carried to the rear of the house and thrown upon the snow. On the 26th of March a slight thaw swept these dejecta, which had been accumulating for five or six weeks, into the adjacent stream, and thence into the water-supply pipes of the town below. Thus, fifteen days later, originated the typhoid fever epidemic of Plymouth, whose appalling chronicles of disease, and whose frightful mortality lists, need never have been recorded, but for a defective cesspool in Philadelphia, a hundred and twenty miles away.

There is not much sentimentalism about this matter. The stern fact confronts us all, that an offensive, cumulative privy-vault, near a place of human habitation or resort, is a constant danger to health, and a standing menace against life. And its virulence is largely inherent. It is the creator, as well as the propagator, of morbid agencies. It can bring about a frightful epidemic of infectious disease, in a community walled in against all possibility of outside infection. It should be dealt with always, and instantly, as an enemy insidious, yet of terrific power.

## TREATMENT OF DIPHTHERITIS AND CROUP.

BY

DR. BANDAS VON ASCHENBECK.

[DER FORTSCHRITT, GENT 15, 1885 ; D. MED. ZEITUNG 86, 1885 ; ALLG. MED. CENTR. ZEITUNG 87, 1885. Translated, with comments, by Samuel Lilienthal, M.D.]

WE indeed may feel proud that the homœopathic treatment of these two insidious diseases is acknowledged now as excellent in three of the best allopathic journals. This is indeed a *Fortschritt*, which means progress.

The worthy Swiss physician differentiates the following forms of diphtheria :

1. The local or simple form with a febrile or slightly febrile course, difficulty of swallowing and swollen lymphatic glands under the mandibula, which is never found in simple catarrhal angina. The arcus faucium, the tonsils and uvula are also swollen and reddened ; after 24 hours they are covered with a transparent white coating, which disappears after three days. He recommends rest in bed and permanent change of cold hydropathic wrappers. Internally every hour a few grains of: *R. Mercur. biiodat. rubr. 0.001 ; Sach lach. 10.00 ; M. f. pulv. tritur. per duas horas : D. in vitro.* If after six hours no amelioration takes place, give a teaspoonful of *R. Mercur. cyant. 0.01 ; aqua destil. 150.00 ; syrup. simpl. 10.00.* With a cold apparatus for inhalation he sprays the widely-opened mouth of the patient thrice daily, and in severe cases six to ten times per

day. He uses: *R. Acid. carbol. cryst. 1.00 ; glycerine, 5.00, aqua destil. 100.00.* If necessary a soft brush may be used, without injuring the mucous membrane. Diet : Fluid roborating food, not too hot.

2. For the second form, the typhoid one, running its course with high fever, foul breath from the mouth, and sometimes with ecchymoses, finally often ending fatally through paralysis of the fauces, collapse or croup, he also orders cold wrappers, inhalation of carbol, and internally mercurius cyanatus, as above, every half hour in alternation with *mercur. cor. 0.10 ; spirit vini conc. 10.00 ; aqua destil. 120.00 ; syr. simpl. 20.00.* When after eight hours no amelioration shows itself, he uses the above prescription of *merc. biiod. rub.* Coffee and wine are injurious.

3. The third form, nearly always fatal, is the diphtheritis crouposa, spreading to the larynx, and the membranes are only found in the parts below the vocal chords lined with ciliated epithelium. Treatment as in the second form, and for the removal of membranes :

*R. Natr. subsulfuros, 2.00 ; sach. lact., 20.00. M.F. p. S.* Three times daily to take as much as will lay on the point of a knife. To remove dyspnœa and danger of suffocation: *R. Tart. stib., 0.10 ; sach. lact., 100.0. M. F. p. S.* To take a small dose every ten minutes till vomiting sets in. The micrococcus diphtheriticus, entering the circulation, is propelled into the heart, and causes a fatal myocarditis.

Croup, the author treats with the same cold applications. Internally : *R. kali brom. 5.00 ; aqua dest. 150.00 ; syr. simpl. 25.00. S.* Every hour during the forenoon a tablespoonful. In the afternoon, *R. Kali. iod. 5.00 ; aqua dest. 150.00 ; syr. simpl. 25.00. S.* Every hour a tablespoonful. Where there is great dyspnœa the tartar emetic prescription, and during the night every hour a tablespoonful of *acid. phosph. gtt. v. ; aqua dest. 100.00 ; syr. simpl. 20.0.* In spasms glottidis *inct. belladonnæ gtt. v.* in water and emplastrum euphorbii on the larynx, and finally tracheotomy.

We may call this pretty fair homœopathy for an allopathic physician, and the treatment endorsed by three journals



standing in high repute. There may be no need to keep faith with outsiders, and we do not grudge them all they can learn from us. By and by they may perhaps find out that there is something in the precept of *similia* and adopt this also under another name without crediting Hahnemann for it. S. L.

## NERVOUS EFFECTS OF FAULTY DIGESTION.

BY

GEO. H. TAYLOR, M. D.,

New York.

THE faults of digestion are made known to the sufferer through his sensations. The physical imperfection superinduces an excess of that condition of nerves, termed *irritability*. The irritability of a vital part coexists with the discharge of power or energy by the part. It also probably coexists with, and is maintained by, change of matter from which energy is derived. Excess of nervous energy may have a variety of forms; it may be spoken of as pain. Faulty digestion is therefore characterized by local pains and irritability of the general nervous system. The sensibilities are in excess; dynamic, that is, muscular power is diminished. These two forms of energy appear to be complimentary.

It is the great prominence which this concomitant of faulty digestion assumes in the consciousness, that is apt to mislead the sufferer. He seeks to suppress the pain instead of its causes. To address remedies to the effects of faulty digestion is therefore easily the dominant idea in therapeutics.

The reason for the usual unsatisfactory results of the ordinary medication of the digestive organs may now be clearly seen. It is less the actual affection than some of its consequences, which claim and receive remedial attention; and such attention leaves the radical source of the infirmity unprovided for. The subordinate and incidental phenomena are wrongfully allowed to assume the leading therapeutic attention; while the actual requirements of the case are unnoticed because the subject of rational

inquiry apart from the feelings, painful or otherwise.

These considerations indicate the importance to the sufferer himself of rational and correct views on this subject.

The nervous mechanism of the digestive organs is quite similar to that of the general nervous system. The special sense of taste, or the gustatory sense, standing sentinel at the entrance of the digestive apparatus, is deferred for subsequent consideration. The nerves distributed to the stomach and its annexa, like those of the skin and external parts, are incited to activity by impressions received by their endings in the mucous membranes of these organs. Pain in the digestive organs is evoked by causes which incite excess of sensibility. It therefore implies an excessive irritability and corresponding discharge of nervous energy generated in nerve centres related thereto. And because all vital energy implies nutritive change in the source of such energy, it follows that pain is indication of increased nutrition of that portion of the vital apparatus from which such energy, whether disagreeable or otherwise, emanates. This is merely a statement of the physiological law respecting the manifestation of energy, of whatever kind; and is equally applicable to exterior sensations and to the special senses, as to those of the digestive organs. And in each case, ordinary sensations fail to reach the consciousness and are practically unnoticed, while the more profound impressions rouse the consciousness to a sense of danger and of self-preservation.

In the latter case, the inciting cause is usually abnormal and at least unwholesome.

As regards the digestive organs, there are three principal sources of the local abnormal sensations, which afford the evidences of digestive faults.

1. Mechanical impressions made by aliment remaining undigested in contact with the walls of the digestive organs. Such matters are foreign, whether digestible under the favorable circumstance of need on the part of the organism, or not. Local irritation and pain, after a suitable period, is a consequence.

The degree of such effects must de-



pend on the previous condition of the digestive organs and the system. In health, the digestive mass excites mucous secretion as well as digestive secretion ; this envelops and protects the walls of the digestive organs. The mucous secretion is diminished or absent in case of faulty digestion, which renders the mechanical impressions more direct, and nerves more irritable, and the senses far more acute, although arising from the same or even lesser causes. The mechanical character of ingesta is gradually subdued by digestion. When sensations arise in the stomach, it may be inferred that its secretive function is defective from causes to be more fully explained.

2. Morbid irritability and local pain in the digestive organs will arise from contact with matters of abnormal chemical quality.

This cause arises from two principal sources. One is unwholesome ingesta, unadapted to nutritive purposes, and whose relations to the digestive organs are those of natural repugnance. The sensory function of the digestive organs is immediately impressed in consequence of the solubility of the offensive substance. The other and more common source of abnormal sensibility of the digestive organs arises from spontaneous chemical changes occurring in the retained alimentary material. These morbid products may be fluid or gaseous ; they are in contact with and make direct and persistent impressions on the sensory nerves, an effect which often radiates throughout the system. The presence and the persistency of this cause of morbid irritation of the nerves is attributable to defective demand and receptivity of the organism for digested matters. It is only the unused, and under the circumstances the unusable contents of the digestive organs which are capable of morbid chemical change. The secondary consequence of these morbid impressions is disorder of the general nervous system.

This effect naturally and necessarily follows the constant and habitual irritation of the irritability peculiar to vital substance. All repetition or continuation of impressions serves to cultivate nervous power, because these are the

means for directing nutritive support to the vital element which manifests energy. It is therefore plain that the morbid energy of nerve centres connected with digestion must increase in degree proportionate to the degree and the persistence of the inciting cause. It follows that digestive disabilities and imperfections necessarily extend to the whole nervous system.

It is particularly to be noted that questions of health of the digestive organs relate far less to the food ingested than to the sort of use and disposal that is made of food by the vital system. The use and disposal of food depends on the current demands for the expenditure of energy rather than on the aliment from which energy is derived. It is therefore correct to infer that morbid chemical or putrefactive changes are incident to non-use or incomplete use ; and are preventable only by perfecting the use of food. The mode of preparation, and specially prescribed qualities of food, only remotely affect the issue.

The best possible food may decompose in the digestive organs, and certainly will if allowed to remain unused therein. On the other hand, aliment which might be deemed unsuitable, may, under the stress of circumstances imposed by unusual demand, be made to comply with the nutritive requirements.

Even though food be well digested if compelled to remain in the digestive cavity must invariably suffer the changes imposed by the laws of crude chemistry. The avenues into the vital system from the digestive organs become closed to entrance when it can serve no useful purpose therein. In either case unwholesome products whose effect on the nerves may be allied to that of poisonous substances must be evolved from the same food which, under favorable circumstances, would be perfectly wholesome. Incentives to the highest degrees of nervous irritability and morbid nervous support are thence supplied, with nearly the certainty that similar effects would follow the ingestion of inferior qualities of food. Dietetics therefore cannot be exclusively relied on to correct indigestion, since the digestive act depends even more on the disposition made of food than on its quality.

3. The remaining cause of morbid irritability of the digestive organs and of the subversion of the nervous system is the abnormal quality of the digestive secretions. When these secretions have left the digestive walls and its secreting glands, they become mingled with and a part of the digesting mass, and if of abnormal quality, necessarily have a similar morbid relationship to the vital membrane of the digestive walls and the nerves distributed thereto that has been attributed to undigested and to decomposing food. There can be no doubt that the failure of digestion is due largely to the inferior quality of the secretions. They are incapable of disintegrating and effecting the solution and securing fluidity of aliment. For the same reason they are abnormal also as relates to the vital parts, and doubtless are a source of morbid irritation, precisely as would abnormal contact of any unwholesome material. The correctness of this statement is susceptible of proof by experience and analogy. It is well known that poisons, as arsenic, introduced into the blood through other channels, as by the skin, produce irritation and even grave inflammation of the mucous surface of the digestive organs. Experiments of this order prove that the interior or digestive surfaces of the body have an excreting as well as secreting function, and that organic products unadapted to use by the system, or whose use is delayed, may be and frequently are returned to the digestive organs. In this event both local and constitutional consequences may follow, among which not the least important are the impressions made upon the local nerves and the general nervous system.

Nervous irritability and the sources thereof, which appear to give origin to so much pain and discomfort, must not be regarded as actual defects or misfortunes, but the best arrangement under which human beings could exist. Experience is the source of knowledge, the guide to conduct, and essential to the progressive nature of humanity. Man is not superior to or independent of laws which bind the universe, but finds his highest good in conformity. The opposite is inconceivable. The ends of being are attainable only by connection

of physical law, through the nervous system with the consciousness. In every case it is for the individual to decide whether himself shall have the benefit conferred by experience and observation, or others, who are more willing to apply the results and conclusions of experience to practical life.

The influence of excess of irritability of the digestive organs, as affecting the nerves, local and general, reaches its climax of evil in the loss thereby caused of their *regulative* function. By regulative function is indicated such control of ingesta as shall accord with the true needs of the system for current manifestations of energy, and therefore of the introduction of what is required to support energy.

The judgment of the chronic dyspeptic, which is necessarily based largely on his sensations, is liable to be as erroneous as his sensations; and he therefore commits errors respecting the quantity and quality of his food. These dietetic errors are fraught with serious, possibly fatal disadvantages, from which nothing can save him but intelligence respecting the physical side of his needs.

This point may be better understood by reference to the natural relations which subsist in all healthy animals between the sensations and the volitions respecting food. The desire for food, the satisfaction arising from its ingestion, the satiety which follows the use of the proper kind and amount, are facts appertaining to the *regulative* function of the nervous system in all animals; and is evidently that which constantly prevents dangerous excess or deficiency. Without some such automatic regulation the life of the animal would be in constant danger; on the one hand from inanition, on the other from the antagonistic chemical energies which are liable to be liberated from unemployed ingesta, whether remaining undigested and retained within the walls of the digestive organs, or digested and taken into the system. In either case unused food represents chemical forces which it is liable to set at liberty at some one or at all points. In this case, not only is so much vital energy detained from the uses to which it is adapted, but an opposing chemical force is set free, still

further detracting from the sum of vital energy.

Unlike the lower animals, in which the regulative function usually exists in perfection, because unperverted, in man the causes tending to pervert the sensations and therefore the judgment in regard to need for food, are often present in high degree. The whole nervous system, and more especially that portion affected by alimentation, is habitually subjected to a great variety of means of irritation. High and low temperature, chemical irritants and incitants mingled with food or drinks afford a constant unwholesome play upon the nerves of the digestive organs. These are so many methods of increasing nutritive changes in nerve centres, and development of nervous energy relating to the same organs. Nervous energy rises to excess and assumes control of these organs. The factitious irritability displaces natural control having its source in the actual needs of the organism as a whole, including the needs of the dynamic or muscular department as well as those of the different and mutually corrective nervous functions.

The injurious consequences flowing from the morbid excess of nerve activity as relates to digestive organs, arise from the subordination of the judgment to the feelings. The sensations referable to these organs, due to irritation from contact with undigested food; from decomposing food whatever the special form assumed; from morbid secretions passed into the cavity from the system, and the spontaneous effect of perverted sensation, are, by the sufferer, undistinguishable from *natural, healthy appetite*. The dyspeptic thinks and feels himself in need of food, when in fact he is suffering from the opposite cause—from effects of unused food. Experience, the only corrective of the judgment as to alimentary needs, cannot have fair play, because at warfare with the feelings, cultivated beyond their due. The issue is always doubtful; the feelings are trustworthy only when the judgment is properly reenforced by the facts now presented.

The sense of hunger in case of faulty digestion is not therefore by any means a true indication of the need of food,

since the false sense, arising from opposite causes, is even more imperious and is frequently undistinguishable from the true. True hunger is due only when the materials, not in the digestive organs merely, but within the organism, from which energy is dissociated by the vital processes, approach exhaustion. To impose food on the system under other circumstances, whatever be the sense of desire due to other causes enumerated is obedience to false indications, and to run the chance of such supplies being imperfectly employed. It is to be kept constantly in mind that evidences of indigestion arise only under circumstances of non use, and are impossible under other circumstances. To control digestion is therefore to simply control the circumstances under which the act occurs. The most elaborate remedies and remedial devices can have no higher aim; and in so far as they fall below this they are palliative, deceptive and unworthy.

The facts of experience fully confirm the above views. The dyspeptic is the perennial sport of his delusive sensibilities. His weary life perpetually dances attendance upon his feelings. He is in a constant struggle either to gratify or else to quiet his disordered feelings. He is in doubt whether to comply with or to oppose his inclinations as regards food, and struggles with them, half inclined to either purpose. He is intent both on avoiding dietetic errors, and on escaping the penalties of such errors; and practically insists that physiological laws are more nearly related to his feelings than to his physical well being.

## ON OXALURIA.

PROFESSOR A. CANTANI.

Naples.

(Memorabilia 5, 1885. Translated, with comments, by Samuel Lilienthal, M.D.)

THERE is a morbid state, whose chief characteristic symptom is the presence of large quantities of oxalate of lime in the urine, and therefore the presence of large quantities of oxalic acid in the blood. The pathological production of oxalic acid evinces itself by a peculiar disposition of the person, and only



where such a disposition prevails the excessive habitual importation of amylaceous carbon-hydrates and of saccharine matter will cause an excessive appearance of oxalate of lime in the urine, and simultaneously a more or less severe morbid state with nervous manifestations.

This is an anomaly of tissue-change, depending especially on a sort of hebetude of organic activity, though qualitative alteration can not be entirely excluded. Just as in diabetes, we also find the chief and perhaps sole cause of an oxalic acid diathesis (always keeping in view the constitutional disposition of the patient) in the functional exhaustion of the organism, whereby it fails to use up the quantities of carbon-hydrates introduced, and to burn them up into carbonic acid and water, with the only difference that in diabetes the sugar fails to be burnt up, whereas in the oxalic acid diathesis the derivatives of sugar are changed into oxalic acid, and are burnt up. As the cause of this functional exhaustion of the organism may be blamed, the continued excessive importation of farinaceous and saccharine food and the continuous rich surplus of the derivatives in the blood, whereby the acting forces of tissue-change get tired and exhausted. Pathological oxaluria gives us therefore the important hint, that it is the symptomatic expression of a lassitude in tissue-change, of a depression of the vegetative processes and of that anomaly of fermentation and organic combustion which must take place where the sugar for some reason fails to run through all its stages up to perfect combustion.

The symptoms of oxalæmia differ, but still there are some points by which the close observer might recognize the disease, as it appears either as oxaluria with hypochondriasis and emaciation, or as oxaluria with neuralgia and furunculosis. The former one, which is the most characteristic one of the oxalic acid diathesis, appears especially in persons who showed a nervous irritable character before the disease set in, and is the grave form of oxalæmia; the second and lighter one is observed in fat persons.

In the grave form of oxalic acid diathesis

the patient complains of general malaise, he feels that he is not well without exactly knowing where his ailment may be, suffers early from indigestion, pressure in epigastrium, torpor and dilatation of the stomach, dyspepsia, acidity, abdominal torpor, costiveness, flatulence, and colic; nervous symptoms prevail, as pressure in the stomach after meals, irritability of character, excessive sensitiveness of the whole nervous system, sleeplessness, fear of sudden death with suicidal alienation in order to rid himself of all real or imaginary troubles.

The second and clinical form of oxalic acid diathesis, the oxaluria with neuralgia and furunculosis, most frequently observed in obese persons, gives us also a pressing pain in the lumbar region, but we meet here also peculiar neuralgic, more or less lancinating pains, running down the spine between the shoulders to the sacrum and extremities and on account of the gastralgia and epigastralgia in the vicinity of the vertebral connections may render the supposition of a spinal complaint possible. Characteristic also is the repeated eruption of numerous carbuncles, furuncles and abscesses. The cause of the latter may be, that from some cause oxalate of lime forms and is deposited in the blood, crystallizing, it necessarily occludes the capillaries and this leads to minute necrosis and reactive inflammation. Such abscesses are often observed in gouty patients, where they arise from analogous causes and oxaluria and gout are often found combined.

In relation to therapeutical indications we must (1) prevent the abnormal and excessive production of oxalic acid in the organism; (2) the organism must recover the faculty to change the carbon-hydrates so that they burn up in their normal decomposition into water and carbonic acid. In relation to the first indication a vigorous abstinence from all carbon hydrates is necessary, hence exclusive animal diet, eggs, beef-tea, fish. Just as in diabetes mellitus a total and long continued rest of all organs and tissues is necessary in order to enable them again to attend to their function of progressive change and normal combustion of the carbon-



hydrates. Only through such a functional recuperation the worn out and exhausted organism may regain its functional activity to change the sugar and to burn it up in toto. Clinical facts have ratified these suppositions. Meat of all sorts of vertebrates may be given, fish, oysters, eggs, and good beef-tea. Strongly forbidden are all green vegetables and fruits which contain *eo ipso* oxalic acid, also especially all salads, carrots, cabbage, cauliflower, beets, spinach, asparagus, parsley, oranges, grapes, honey, pepper, all farinaceous foods and candies, all vegetable acids; hence also vinegar and lemonade. From analogous reasons all other fruits are also interdicted which contain glucose, grape sugar and vegetable acids, also wine, on account of its sugar and tartaric acid, especially sweet wines and champagne. Meat must be broiled or roasted and the use of fats ought to be limited, because they do not burn up entirely and may remain at the stage of oxalic acid formation.

In relation to medicinal treatment the purified pepsinum muriaticum may be recommended; it is free from starch and sugar and on account of its syrupy consistency may be given as much as the point of a table-knife holds immediately after a meal and two other such doses after an hour. Alkalies act well and Cantani prescribes therefore, *R.* Natrum carbonicum 10.0—20.0—40.0. Lithium carbon effervesc. 5.0 M. f. pulv. Div. in æquales partes 20. *DS* to take a powder morning and evening with some water. Another good prescription is: *R.* Natrum bicarb. 2.0, 5.0. Lithium carbon. effervesc., kali carb. neut. āā 0.5, Aqua fontan. 200.0, aqua anisi 30.0. *S.* to take half of it in the morning and the other half in the evening. Vichy water or other Lithium springs are sometimes taken with decided benefit.

The treatment may be considered severe, but such total abstinence, continued for months, is absolutely necessary for a cure, and only gradually such patients may indulge after a while in vegetables or fruits which contain no oxalates. Such patients ought to eat sparingly, and exercise in fresh air will aid their digestion; methodical gymnastic exercises ought to be daily practiced in

doors. Hydrotherapeutics ought not to be neglected, as the increased respiration hastens the consumption of carbon-hydrates and thus tissue changes, and strengthens the whole organism. Sometimes natrum phosphoricum may take the place of the carbonicum, as it is known to dissolve the oxalate of lime in the urine. It does not remove the oxalæmia, but prevents the deposition of oxalate of lime in the tubuli uriniferi and in the renal pelvis, and it may also prevent the formation of oxalic acid infarcts in the kidneys, of gravel and calculi. A gramme after meals and another one in the evening may be of service. It is plain enough that such patients ought never take rhubarb, senna, squills, gentian, valerian, elder blossoms, cinnamon, or any other drug containing oxalic acid.

This very oxaluria shows us again the truth, as it is in homœopathy faithfully applied, without caring for the excrescences of a materialismus, which some of our physicians, and even some of our teachers, try to foist upon it. Certainly the blood can only take up infinitesimal quantities of oxalic acid from the ingesta, and still the slow poisoning process keeps on, if not checked in time by hygienic measures, and still our clinique shows that oxalic acid is the remedy for just such a symptom-complex, as Cantani puts before us. Thus oxalic acid is used in:

*Gastralgia* with burning sensation from the throat downward to the seat of pain; patient awakens at night with violent pressing pain like a heavy weight, coming and going at intervals; flatulent discharge relieves; empty feeling, compelling one to eat.

*Angina pectoris*: Violent irritation of the alimentary canal, costiveness, difficulty of breathing, jerking inspiration, and sudden and forced expiration, as though the patient made a sudden effort to relieve himself of intense pain by expelling the air from the lungs; oppression of chest, especially toward right side; sharp darting and lancinating pains in heart and left lung, also in the arms; jerking pains like short stitches, confined to small spaces, lasting for a few seconds; numbness and weakness in

back and limbs ; coldness and complete loss of motory power in limbs ; movement excites and aggravates pain ; periodical remission for some hours or days.

*Myelitis acuta* : Spasmodic constriction of chest, paroxysms of short, hurried breathing, with intervals of ease ; acute pains in back, gradually extending down the thighs, with great torture ; seeks relief in change of posture ; muscular twitchings ; back feels too weak to support the body. It may even lead to paralysis, with a peculiar general numbness of the lower extremities.

Oxalic acid and the oxalates have so far been very little used by our school, and the old school makes no use of them for therapeutical measures. Blyth (*Poisons*, 456) says that with regard to human urine, the presence or absence of oxalate of lime greatly depends upon the diet and also upon the individual, some persons almost invariably secreting oxalates whatever their food may be. In Kobert and Krissner experiments with sodic oxalate on animals, the chief results of moderate doses were : The heart's action, and therefore the pulse became arhythmic. Blood pressure is normal with moderate doses, and with small atoxic doses there is no slowing of the respiration. On the other hand toxic doses paralyze the respiratory apparatus, and the animal dies asphyxiated. With chronic and subacute poisoning the respiration becomes slower and slower, and then ceases from paralysis of the respiratory muscles. The first sign of poisoning, whether acute or chronic, is a sleepy condition. Dogs lie quiet, making now and then a noise as if dreaming, the hind extremities become weak, and then the fore. This paresis of the hind extremities, deepening into complete paralysis, was very constant and striking. In all their experiments lethal doses of soluble oxalates caused the appearance of sugar in the urine.

May it therefore not be advisable to compare the symptoms of the acid or of the oxalates in cases of diabetes and in ascending paralysis ? S. L.

## APIS AND DIPHTHERIA.

BY

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New York.

SEVERAL of the subscribers to this journal having written to me recently as to my experience with various remedies in the treatment of diphtheria, and as diphtheria is now prevalent along the middle Atlantic coast, the following case may prove a useful study.

On the morning of December 30 last, I was asked to see a little girl, about seven years of age, who had been for four days under the care of another homœopathic physician, from whom she had received various remedies without benefit. I arrived at the house shortly after noon and found the patient to be a delicate, nervous, fair-complexioned child, with blue eyes, and very light brown hair. Her mother told me that she was very sensitive to diseases, and took every thing that came along. The child's face had a peculiar ashy look, the eyes were dull and the lids drooping, the expression of the countenance stupid, in fact, the whole appearance of the face was as of one under the influence of an opiate ; but she had had nothing of the sort. The lips were dry and pale, and the only evidence of mental activity about the child was a constant picking at the little bits of half-detached shreds of cuticle thereon. The tongue was soft and flabby, but not much, if any, swollen, and covered for the most part with a dirty, grayish mucus, through which the enlarged papillæ protruded, giving the tongue a peculiar dotted appearance. The edges and the tip of the tongue were denuded, and the papillæ here also were quite swollen ; but while this part of the tongue looked sore she said it did not feel sore. The tonsils were somewhat swollen, but were not tender to the touch, as I made considerable pressure over them without causing her to flinch. The pharyngeal membrane was much swollen and very red ; not the dusky turgid red we see so often in the diphtheritic throat, but like the blush on a fair girl's cheek. The throat looked very painful, but she said then, as she had said all through her

<sup>78</sup> The third volume of Arndt's *System of Medicine* is nearly ready for delivery.

sickness, that it was not at all sore. Though this seemed incredible, and was doubted by the physician who had been attending her, there was some corroborative objective evidence. In the first place, there was none of that empty swallowing so usual when the throat is sore ; pressure on the outside caused no discomfort ; she moved her head and neck freely and naturally ; she drank milk, and ate bread and milk (I sent for both in order to test her powers of deglutition) without an effort, and evidently without pain ; and she permitted the free use of the tongue spatula without a murmur. I was, therefore, forced to admit, that when she said that her throat was not sore, that she both understood the question and replied truthfully ; still it did not look very sore. That she was able to eat and drink without discomfort, and without a particle of unnatural effort, seemed marvellous, when the ulcerated condition of the throat was perceived. I have said that the throat tissues were very red. So they were as far as they could be seen. But for the most part they were covered with a yellowish, fetid exudation. This false membrane was especially thick over the tonsils, where it stood up in two huge, ragged looking chunks, apparently a quarter of an inch thick. I have seen a great many diphtheritic throats, a great many worse ones than this, but never one just like it. The membrane extended over the palatine arch and into the posterior nares, causing breathing like the "snuffles" ; the nose was stopped and dry. The back part of the pharynx, and the floor, were almost free of membrane, and it was here that the tissues could be seen to be so highly injected. Although there was evidently considerable congestion of blood to the parts, there was no bleeding, not even when pieces of the membrane were detached and hawked up.

The voice was extinct. She replied to inquiries by nods and shakes of the head, and when forced to talk the effort resulted in a murmur without vocality ; still she said that talking did not hurt her. She had a cough like the bark of a dog ; and she coughed frequently and severely, causing symptoms of exhaustion and asphyxia. This had led the previous doctor to give *kali bichromicum*,

without any benefit. The cough though harsh and croupy was not occasioned by tracheal involvement, as was shown by percussion. There was no expectoration. The cough began without warning, continued until suffocation seemed impending, and then suddenly ceased. Appetite was torpid, though the stomach did not seem to be otherwise disturbed. When offered milk or other liquid, she would take a little sip, but she was neither hungry nor thirsty ; the only thing she craved was ice-cream. The bowels were constipated, and the urine practically suppressed ; that is, she passed a little dark red, but not lateritious, urine once a day. She had no headache, no pain in the back or extremities, and the only pains of which she spoke (and of both of these she had complained voluntarily) was in the mastoid process, or rather just below it, in the angle behind the ear, and a fixed pain in the abdomen, just above the angle of the crest of the ileum, about two inches from it in a line toward the umbilicus ; pressure over both these places produced no evidence of suffering, but she claimed they hurt her all the time. The skin was dry and harsh ; the feet swollen, but not œdematous ; the temperature 102.7° Fahr. ; the pulse 140 ; arterial tension sub-normal ; respirations 30 and shallow. The whole system seemed torpid and oppressed, even the disease did not seem able to make rapid headway. If held in the arms, the only position in which she had ease, she would lie in a stupid half-coma, from which she was aroused only by the fits of coughing. When laid upon the bed a new series of phenomena developed. She would soon begin to breathe heavily, turn restlessly from side to side, cough, and finally rise up suddenly as if suffocating, with a frightened, anxious expression of the countenance. Then she would cry to be rocked. If this was granted, she would at once go off into a stupid sleep, and on being laid down, the above procedure would again be gone through with. All her symptoms were manifestly worse after nightfall.

As I listened to the various symptoms, pictures of lachesis, arsenicum, mercurius, hepar, ammonium carb., baptisia,

and *apis* floated through my mind. I banished a *rumand ailanthus* at once, on account of the slow progress of the disease. *Lachesis* and *arsenicum* corresponded to the *asthenia*, but there was none of the restlessness, thirst, and clamminess of skin of the latter, nor livid color of the pharynx, intense pain in throat, aching all over, and aggravation after sleep, of the former. Still *arsenicum* has the starting up in bed, the suffocation, the kidney disturbance, and some of the other symptoms of the case, beside the depressed vitality, and *lachesis* has the dread of hot drinks, a symptom which I forgot to mention in its proper place. The cough was so like the *hepar* cough, that if I permitted myself to alternate, I surely would have given this as one of the remedies, especially as *kali bichromicum* had been given by Dr. T. without result. *Baptisia* also was ruled out for the same reason, although the semi-comatose condition, the thirstlessness, the absence of pain, the depressed vitality, and the nocturnal exacerbation, made this not a bad prescription. It certainly was roughly homœopathic, and in the potency in which it was used, 2x, should have shown some controlling power. Perhaps it was rendered nugatory by the *kali* that was alternated with it. When homœopathic doctors learn to prescribe homœopathically (i.e. the single remedy) they will have less reason to wonder why remedies fail to act.

I felt very much like giving *mercurius cyanuretum*, both because it is such a general good remedy in *diphtheria* (a very unhomœopathic reason), and because all the *mercurials* act so well in ulcerations of the pharynx. They are not useful in those cases of rapid prostration in which *ailanthus*, for instance, is such an efficient remedy, but when the disease ambles instead of gallops, reaching at last the same excessive prostration by a slower route, the salts of mercury are not to be forgotten with impunity. The cyanuret has been a good friend to me, and I never neglect it in *diphtheria* without ample warrant. In this case it was indicated by the involvement of the posterior nares, by the voicelessness, by the nocturnal aggravation, by the dry, burning skin, and other symptoms ; still

the claims of *apis* were knocking so loudly for recognition on my sensorium, that cyanuret did not have a fair chance. *Ammonium carb.* I did not give a second thought to, although it has that peculiar symptom, so alarming to the mother in this case ; "the patient is aroused by want of breath every time he falls asleep."

By that subtle intuition which every close prescriber learns to recognize, *apis* kept ringing in my ear, and when the mother, probably a little disgusted with my many questions and slow procedure, turned to me somewhat sharply with, "Can anything be done for my child?" I replied with a confidence born of hope and experience, "Yes, it can be saved." That *apis* was homœopathic to the case is shown by the following correspondences in its pathogenesis :

Tension behind and under the ears ; piercing, tensive pain behind the ear ; stitches under the ear.

Entire stoppage of the nose ; dryness of the nose.

Paleness of the face ; the countenance assumed a pallid, death-like look.

Dryness and desquamation of the lower lip ; the lips are dry.

Rawness along the edge of the tongue [very painful].

The whole margin of the tongue feels as if scalded, as if quite raw. [Note. In this case it looked raw as if it had been scalded, but was painless.]

In the mouth, on the inner cheeks, fiery redness ; red, fiery appearance of the buccal cavity [with painful tenderness].

Pharyngeal membrane of a bright red color.

Dirty gray exudation on membrane.

Not much pain, except in the ears.

Small amount of pain accompanying intense and extensive inflammation ; thirstlessness.

No thirst, with heat.

No appetite, nor desire for food, though it was not repulsive to him.

Pain in the abdomen from the hip toward the umbilical region.

Deep within, below, and beside the right hip, sensation of soreness.

Slow, throbbing, boring pain over the crest of the ileum.



Constipation ; no stool for a week.

The previously very scanty urine diminished to one-half [with a violent burning sensation when urinating, as if scalded].

Speaking is painful ; she feels as if it wearied the pharynx. [NOTE.—My little patient avoids speaking in every way possible, answering by nods, shakes and gestures. At the early part of illness the voice was hoarse, but now extinct.]

She grows hoarser ; hoarseness and difficulty of breathing ; hoarseness, with dryness of the throat and no thirst.

Severe cough, especially after lying and sleeping ; hoarse cough with evening heat ; cough prevents sleep after lying down, and wakens him ; cough with starting in sleep ; cough ceases as soon as the least particle is loosened, which is swallowed ; there is no expectoration.

Dyspnœa ; it seemed impossible to breathe, had to fan him to keep him alive ; great feeling of suffocation, it seems as if she could not long survive, for want of air ; difficult, anxious breathing, worse when lying ; suffocation in the throat, worse in a horizontal position ; labored inspiration, as in croup.

Nettle-rash in the back of the neck. [NOTE.—My little patient had a red rash on the back of the neck, but whether this was pathognomonic, or the result of the fat strip of bacon wrapped around the throat, I know not. It was noticeable, however, that while the strip of bacon went entirely around the neck, the rash was wholly confined to the portion just below the scalp.]

Swelling of the feet ; sensation in the toes, and the whole foot, as if too large, swollen and stiff.

Terrified starting during evening sleep ; anxious starting in sleep, with cough.

A constant feeling of lassitude and great prostration.

Great desire to sleep, amounting to most extreme sleepiness.

Aggravation of most of the above symptoms in the evening and at night.

I gave *apis* 6, ten drops in half a glass of water, two teaspoonfuls every two hours. I also ordered a gargle of alcohol and water (1 to 4), in order to wash out any detachable pieces of membrane,

and prevent them from being swallowed. Absolute cleanliness (without disinfectants) was provided for, and a milk diet ordered. I saw her in the evening. There was no material change.

December 31.—At nine in the morning the temperature was 101.6° Fahr., a fall of one degree since the previous day ; pulse 120, weak and quavering ; respirations 28, and deeper and fuller than yesterday. Had had a very much better night than at any time since sickness began. The cough no longer harsh and croupy, but more like that from an ordinary cold. The nose begins to run a little. The complexion less ashy, but the throat looks about the same. She is still voiceless, listless, and inclined to sleep. *Apis* continued, every three hours.

In the evening, temperature 101° Fahr., and all the other symptoms alleviated in about the same ratio. Has taken milk and oat-meal gruel freely. Urine a little better, but still scanty. Tongue quite clean, and no longer looks sore. Feet not swollen ; pain behind ear and in abdomen gone. Has not coughed since morning.

January 1.—The little patient has had a very good night. No longer suffocated ; does not start up in sleep ; no cough ; voice has returned ; throat very much better, but still looks very nasty ; diphtheritic membrane lighter in color, and thinner and dryer in appearance ; tongue, buccal membrane, and lips of a natural color ; nose runs a clear water ; eyes brighter, and the facial expression intelligent. Appetite fairly good, but not ravenous ; when I went into the room she was sitting in a rocking chair eating an apple. Skin feels natural and cool. *No fever*, but the pulse is too quick (110), and very weak.

In the evening I found the child sleeping quietly, having passed a comfortable day. Temperature normal, but the pulse very weak.

January 2.—The little patient slept quietly all night without awaking. She had for breakfast this morning a saucer of oat-meal and milk, and is lively and bright. Throat still looks very sore, but the diphtheritic membrane is shriveling. Temperature is 99.2° Fahr., an unexpected and unexplained rise, as in all

other respects she is better than yesterday, when temperature was normal.

January 3.—Called at 2 o'clock, and found the little patient bright and playful. Throat nearly well. Appetite excellent. Bowels have moved naturally. The temperature, however, was 99.7° Fahr., indicating a forming inflammation, which an examination of the urine showed was in the kidney. The urine was yellowish-red, with but moderate sediment. The heat and nitric acid test showed 4 per cent. albumin. The microscope revealed hyaline and granular casts, and tessellated and spindle-shaped epithelium. I hesitated whether to change to hepar or continue with apis, but concluded to not make any alteration in the medicine given, as with this one exception the case was doing beautifully, and even here the disturbance was moderate compared to what is frequently seen in these cases, and there was no evidence of dropsical tendency. One of the most notable advances made during the past twenty-four hours was the improvement in the condition of the heart, which now seemed in rhythm and rate to be very nearly normal.

January 4.—The patient is so well that I dismissed the case, with careful instructions as to the avoidance of draughts, excitement, or improper food.

#### GYNÆCOLOGICAL NOTES.

BY

PROF. MARY A. BRINKMAN, M.D.,  
New York.

**D**R. SKENE (*New York Med. Jour.*) calls attention to the separation of the perineal muscles at their junction in the median line without an accompanying laceration of the vaginal mucous membrane or the integument of the perineum. The effect is the same as of complete laceration. Provided the muscles have not yet atrophied it will be sound practice to divide the mucous membrane and integument and restore the perineum in the ordinary way.

Hysteria. Cauterization of the clitoris. (*Practitioner.*) In many cases of obstinate and severe hysteria the late Prof. Friedrich found that cauterization of the clitoris by nitrate of silver had the

most beneficial effects. The cauterization must be severe; slight, superficial cauterization aggravates the disease. The pain is at first severe, and during it, the patient must remain in bed. Among the cases that he has cured with rapidity by this method are: One of paraplegia of a year and a half; hysterical aphonia of two years; glossoptegia of four months; tonic spasm of the spinal accessory of seven months, and several cases of genuine severe hysterical convulsions.

Vicarious Menstruation (*Am. Jour. Obst.*) Dr. Garrigues reported a case of a woman 40 years old. Menopause 1½ years before, since which time the breasts have secreted a yellowish fluid, found to be colostrum. Dr. Jacobi had seen two similar cases. Dr. G. mentioned case of woman 47 years old. Menopause 15 m. before, who had constant and profuse perspiration over the entire body. Dr. Perry had seen three similar cases, all in unmarried women; he had considered it a neurosis and treated it by rest and regulated nutrition. Dr. Polk mentioned case of cessation of menses for six months. Abdomen enlarged and the breasts contained milk. The uterus contained a fibroid tumor but no fœtus. Dr. G. a case of a virgin whose breasts secreted milk for three or four days after an intra-uterine injection of dilute solution of chloride of iron given to arrest hemorrhage from a fibroid.

Dr. Cleaveland mentioned a case of a woman 53 years old. Menopause at 45, since which time she had had a monthly bloody discharge from the nipple. She had been under his observation two years.

#### CLINICAL NOTES.

BY

PROF. LILIENTHAL.

SPRAIN AND ITS TREATMENT BY  
PROF. MARC SÉE, PARIS.

**I**N a distorsion the learned French professor considers massage the most effectual treatment, but it must not be applied without differentiation in each and every case, and especially we have to look to rest of the sprained part, otherwise he considers the minute pre-

cepts of specialists in relation to the massage, superfluous. The best success was achieved by bandaging the injured joint with a rubber bandage as recommended by Prof. Starke of Berlin. The elastic pressure of such a rubber bandage acts as a kind of continuous massage with the advantage over the usual massage that it is painless and may be applied over any part of the body. Before applying the bandage a layer of batting is put around the joint and then the bandage applied loosely over it. A compression of one to three days suffices in most cases for a cure, if treated thus from the start.—*Centralbl. f. Chir.* 2, 1885.

#### HYSTERIA OF CHILDHOOD AND ITS TREATMENT, BY DR. JACOB WEISS.

Infantile hysteria proves that the disease may originate from something else than from affection of the sexual organs, and it also explains the frequency of cerebral symptoms in childhood. May it not also give us a hint, that hysteria is not always an imaginary disease. Infantile hysteria gives us nearly the same complex of symptoms as found in adults. In one case, observed by Weiss, it simulated a coxitis; in another case, a girl of sixteen, there was a hysterical paresis of the perineal muscles of the right side, without loss of sensibility, treated by different methods in vain for three years, and then disappeared suddenly. He considers motory symptoms of hysteria most difficult to treat. In a boy of thirteen years, who had a fall, but apparently did not injure himself, psychical hysteria set in, and for hours he recites pieces; a girl of fourteen had hystero-epilepsy after a fall. Weiss accepts Liebermeister's views and considers hysteria a psychosis and the treatment must be a mental one; all hysterical manifestations can be brought under mental discipline. All his cases showed that hysteria in these young years is especially observed among such children who are mentally highly endowed. In such wonderfully bright children their mental surplus might really be considered an over-stimulated morbid state of the nervous system, a defect, manifesting itself in peculiar morbid symptoms. Intimidation must fail, drugs are

hardly of any account, especially where we have to deal with hereditary nervousity. Will it be advisable to send them as boarders to Maisons de Santé, in order to shield them from home influence?—*Centralbl. f. Nervenz.* 4, 1885.

#### STATIC ELECTRICITY IN TIC CONVULSIVE.

Prof. Benedikt (Vienna) report the case of a woman who suffered for two years from bilateral blepharospasmus with tic convulsive. For the last year this is accompanied by chronic tonic cramp of mastication, threatening her teeth, and the pain is nearly unbearable. The teeth must be supported by rubber bands, so that they may not be injured. Galvanic and faradic electricity failed to give relief, but as soon as the patient was put under the influence of static electricity, the spasm not only ceased momentarily, but after the third seance it could be considered cured. The action of static electricity and its application deserve full investigation.—*Centralbl. f. Nervenk., March*, 1885.

#### ON THE TRANSFER OF TUBERCULOSIS DURING COITUS, BY DR. FERNET, PARIS.

Cohnheim was the first to affirm that a man may catch a tuberculosis of the urethra by cohabiting with a woman suffering from tuberculosis of the uterus. For a year or so Fernet asked all his tuberculous patients about the origin of their affection, and in some cases could demonstrate the direct transfer through the genital apparatus. (1) A woman of 25, whose mother died from a chest affection; always healthy. About this time she had frequent connection with a phthisical male and soon suffered from leucorrhœa, vaginitis and pelvo-peritonitis tuberculosa. During her residence in the hospital analogous processes developed on the tongue and in the lungs. (2) A negro woman of 30 cohabited with a phthisical white man and suffered from a tuberculous inflammation of the adnexa. Her lungs are suspected. (3) A man about 30, with laryngeal and pulmonary tuberculosis, has also simultaneously several old caseous foci in the right epididymis. At the autopsy tubercles were also found in the kidneys and ureters, so that one might consider

the tuberculosis of the uro-genital apparatus the primary affection. (4) A man of 37 years showed general tuberculosis in the right epididymis, right seminal vesicle, in the glands of the fossa iliaca and finally in the peritoneum, pleura and lungs. Four years ago he cohabited with many women and caught a chronic painless gonorrhœa, and that was more than probably the starting point of the disease.

Hence we may often consider the sexual organs as the port of entrance for the bacillus. It is well known that tuberculous affections of the genital apparatus prevail in women. Babès demonstrated in two cases the presence of the bacillus in the urine and in the vaginal mucus; and Cornél saw a tuberculous fungoid affection of the bladder in a young man who, after a coitus with a prostitute, suffered from a severe cystitis. The urine contained numerous bacilli. Coitus, then, may cause a tuberculous affection, limited to the sexual organs, but in some cases they may migrate to other organs, at first especially to the inguinal glands and the peritoneum. In men tuberculosis attacks at first the mucous membrane of the urethra, the epididymis, and seminal vesicles; in women the adnexa of the uterus and the peritoneum, rarely only the vagina and cervix.

We come, therefore, to the following conclusions :

1. Tuberculosis of the genital organs may be the result of direct contagion through the coitus.
2. Painless blenorrhœa raises suspicion, and we ought to examine carefully for bacilli; the same holds good for leucorrhœa.
3. Cohabitation is dangerous where one party is tuberculous.
4. Tuberculosis of the genital apparatus may cause a general infection.—*Société Médicale de Paris, December, 1884.*

#### TREATMENT OF HYDRARTHROS WITH INJECTIONS OF CARBOLIC ACID.

Deleür (Paris) used to treat hydrarthros genu with puncture, followed by injection of iodine, but not being satisfied with his results, he changed the injection to carbolic acid, with favorable results in eight cases. The puncture is made in the upper external part of the knee.

joint, and after the fluid contained in it is discharged, he injects a solution of carbolic acid, and this is continued till the fluid returns clear. Once he had to use massage to the joint in order to introduce the fluids in all the pockets of the joint. The injection itself is painless, but in the following twenty-four hours the pain in the joint is often very intensive. Two days after the injection the temperature may be found above normal. In seven cases the swelling decreased rapidly, so they could leave the hospital inside of two weeks; in one case suppuration was set up in the joint, ending in ankylosis.—*Rep. of Acad. de Médecine, December, 1884.*

#### COCAINE IN ACUTE LARYNGEAL CATARRH.

Dr. P. Heymann (Berlin) treated for several years a gentleman, whose apex of the left lung was affected, and who early acquired acute laryngeal catarrh, with an intolerable irritation to cough, allowing no rest in daytime or at night. Morphia gave only a short alleviation, and he pencilled, therefore, the larynx, and the greatly reddened posterior wall thoroughly with a five per cent. solution of cocaine, and at once every irritation to cough vanished. After two days the irritation returned. Heymann, for experiment's sake, tried the five per cent. morphia-glycerine, but after a few hours the patient returned, and the application of cocaine gave him rest. Analogous experiences were made in several cases, and if the penciling of cocaine is followed by a penciling with a strong solution of argentum nitricum, the cure is more lasting and thorough.—*B. K. W., April, 1885.*

A prize of 25 guineas is offered by Major Morgan, the chairman of the London Homœopathic Hospital, for the best essay on Medical Treatment, with special reference to the system of Hahnemann. The essays must be received at the Hospital not later than April 10, and must not exceed 13,000 words. The prize will be awarded by a committee from the British Homœopathic Society; and it is intended to issue an edition of 50,000 copies.



THE  
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EDITORIAL.

*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE HERING.

THE annual meeting of the Homœopathic Medical Society of this State will be held at Albany on the 9th and 10th of this month. Prof. H. F. Biggar, A.M., M.D., of Cleveland, is to deliver an address, on Medical Progress, on the evening of the 9th inst. The secretary of the society states that he has received the titles of a number of papers, and that this session of the society bids fair to be an enjoyable and profitable one. The society extends a cordial invitation to the profession in general to attend, and Dr. Dayfoot, the secretary, writes, "We particularly desire a large representation

from New York city." We hope he may not be disappointed.

Dr. Horace M. Paine will be there to give a royal welcome to all those who believe that homœopathsists ought not to be permitted to give any potentized drug at a higher attenuation than the twelfth decimal. He says that they are going to put that resolution through this year. So if there is any misguided creature in this State who thinks he would like to retain the liberty of giving medicine in such potency as his judgment and experience may determine, it would be well for him to be on hand to voice his wish, or else forever after keep silent.

\* \*

THE importance of systematic and thorough provings of drugs is at last beginning to again attract attention in our societies. The New York county society has done nothing for years in this line, but through the exertions of one or two members a Bureau of Provings has been formed, with Prof. Deschere as chairman, and it is to be hoped that tangible results may soon make themselves manifest. This society with a membership of nearly two hundred, with an attendance of a like number of medical students in the two colleges controlled by its members, has abundant opportunity for systematic work, without throwing much strain on any one. If this society would prove a single drug each year, under circumstances which would ensure accuracy and fullness, it would be accomplishing more for the diffusion of homœopathy than it has done for some years past: beside stimulating other societies to engage in similar good work.

\* \*

The American Institute of Homœopathy is also taking up this matter of drug proving in a way that promises excellent results. If the bureaux of materia

medica in the various local societies would either act in concert with, or adopt the rules of the directors of provings of this society, uniformity in results, and security for accuracy in such results, would be obtained. It is not only desirable to make provings, but to make them under circumstances which preclude erroneous results; this the plan adopted by the American Institute ensures, as the labors of the first year, reported at the St Louis meeting, have proven. Slender as are the results so far, they are not only interesting and valuable in themselves, but are an earnest of what may be accomplished, by the hearty coöperation of those who are willing to make a small sacrifice of time and personal comfort. The foundation of our entire system of therapeutics rests on a clear understanding of drug-action, and this can be obtained in no other way than by provings upon those who are intelligent enough to note with accuracy the phenomena developed. Every medical practitioner owes this duty to the profession, to add to the general stock of knowledge, a duty which has now become an opportunity, an opportunity which no man or woman of us can rightfully set aside.

\* \*

The directors of provings of the American Institute, in order to stimulate medical students and junior practitioners to enter this field offer two prizes to those who show superior results. The first is a prize of one hundred dollars in cash to the individual prover who furnishes the best complete proving of a drug under the direction of this committee, covering all the series described in the circular on rules for drug-proving. This circular can be had of any of the members of the committee; Prof. T. F. Allen, of New York, Dr. E. M. Hale, of Chicago, Prof. H. R. Arndt, of Ann Arbor, Prof. Conrad Wesselhoeft, of Boston, Dr. A.

W. Woodward, of Chicago, or, Dr. Lewis Sherman, of Milwaukee.

The second prize consists of a collection of text-books, chiefly on materia medica, presented by various publishers, Chatterton, Boericke, Clapp, Gross and Delbridge, for the purpose, reaching in pecuniary value a considerable amount. This is offered to any class of college students furnishing the best proving of any drug under the above conditions.

Any of our readers willing to coöperate with the committee may send their names to the editor. They will then receive, free of cost, the preparations which it is desired to prove, and blanks for daily records. Full credit will be given to each prover for the work done, and, unless otherwise directed, the name of the prover in full will be included in the annual report of the American Institute. Here then is ample opportunity for any one who is willing to go to work.

\* \* \*

THE hydrophobia craze which has taken possession of a certain section of the medical profession, has given M. Pasteur an opportunity to indulge his natural proclivity of charlatanry, which is thus commented upon by Dr. John H. Clarke, of London: "M. Pasteur has given an example of the scientific love of truth. Taking a boy who has been bitten by a dog (which he does not know for certain to have been mad), and who has been treated before he sees him on the most approved methods, he pronounced him absolutely certain to die of hydrophobia if not further treated, and then he commences to treat him. Without stopping to find out whether the spinal marrow of a rabbit, dead of some disease (of which he does not know whether it is rabies or blood-poisoning), can have the slightest effect on a human being, he performs a series of inoculations on the boy; and when nothing happened in

consequence, he pronounced him cured of a disease of which he has never had a symptom."

As to the children and adults who have been sent over from this country to be inoculated for hydrophobia, the simple truth is that not one iota of evidence has been adduced to show that any one of them has been bitten by a rabid dog. To talk, as M. Pasteur does, about curing them is amazingly unscientific, seeing that there is no proof of the existence of rabies in the dogs who initiated all this commotion. It is clearly absurd to argue from the non-appearance of hydrophobia in these cases that the inoculations have been beneficial, and M. Pasteur in adopting the tricks of the political demagogue, in asserting the genuineness of his alleged cure, is only advertising his own inaptitude for careful discrimination. But then all those who have watched his career knew that already.

\* \*

THE Cleveland, Ohio, Academy of Medicine and Surgery has been resurrected, we learn from the *Clinical Review*, which publishes the proceedings of the meeting of December 7, 1885. The subject for discussion was typhoid. One doctor recommended digitalis to control the heart, and turpentine stupes for tympanites; another gives rhus, in the tincture, half a drachm daily; another gives ice internally and thereby reduces the bodily temperature  $2^{\circ}$ , or if this does not suffice bathes his patient in ice water; another gives two drop doses of Norwood's tincture of veratrum viride alternately with bryonia; and still another has "been in the habit of keeping a large tub of water under the patient's bed." Would you believe it, this is a *homœopathic* society, and these men call themselves *homœopaths*!

#### THE AMERICAN OBSTETRICAL SOCIETY.

The second meeting of the American Obstetrical Society was held in the New York Ophthalmic Hospital, on December 10, at 8 P. M.; President Winterburn in the chair. The large hall was crowded, about three hundred members and other practitioners being present, including more than sixty gentlemen from out of town. Dr. William C. Latimer, of Brooklyn, Chairman of the Committee on Rules and Organization, reported the by-laws deemed desirable by the committee; the report was accepted and adopted.

The following new members were elected:—

Prof. James C. Wood, M. D., Ann Arbor, Mich.; Edward S. Coburn, M. D., Troy, N. Y.; William C. Dake, M. D., Nashville, Tenn.; Edwin Fancher, M. D., Middletown, N. Y.; Horace M. Paine, M. D., Albany, N. Y.; Homer I. Ostrom, M. D., New York City; Walton Bancroft, M. D., Keokuk, Iowa; Joseph A. House, M. D., New York City; W. E. Green, M. D., Little Rock, Ark.; William A. Allen, M. D., Flushing, Long Island; Thomas Nichol, M. D., LL. D., B. C. L., Montreal, Canada; Frank L. Vincent, M. D., Troy, N. Y.; Isaac G. Smedley, M. D., Philadelphia, Pa.; William M. Du Four, M. D., Williamsport, Pa.; Bruce S. Keator, M. D., Asbury Park, N. J.; A. Waldo Forbush, M. D., Boston, Mass.; William Owens, M. D., Cincinnati, Ohio; Edwin H. Wolcott, M. D., Rochester, N. Y.; Samuel S. Lungren, M. D., Toledo, O.; A. B. Grant, M. D., Lowell, Mich.; Alfred I. Sawyer, M. D., Monroe, Mich.; Alfred A. Whipple, M. D., Quincy, Ill.

Making one hundred and one members in all to date.

Dr. George W. Winterburn, as *ex-officio* chairman of the Executive Board, reported a Form of Certificate of Membership, which was submitted to the approval of the society.

Dr. W. M. L. Fiske, of Brooklyn, having been invited to the chair, President Winterburn delivered his inaugural address. He called attention to the objects aimed to be accomplished by such a society, and outlined a tentative plan by which these purposes might be

wrought out. In concluding he referred to the conditions for membership, and stated that it was desired to include as members all physicians who were interested in obstetrics irrespective of their views on therapeutic dogmas.

The President's address, by unanimous vote, was ordered to be printed in full in the transactions.

Dr. Philip Porter, of Detroit, was then introduced, and delivered an address on "Fœtal Nutrition in the Mammalia," which was afterward discussed by Prof. Charles McDowell, M. D. Prof. J. Nicholas Mitchell, M. D., of Philadelphia, read a very interesting paper on "Craniotomy"; a lively discussion followed, in which Dr. Reuben C. Moffatt, of Brooklyn, Prof. Phœbe J. B. Wait, of New York, Dr. Harrison Willis, of Brooklyn, Prof. G. R. Southwick, of Boston, Dr. Charles A. Bacon, of New York, and Prof. Loomis I. Danforth, of New York, took part. The discussion evoked so much interest that it bid fair to go on indefinitely, but at this point the president remarked that in justice to the authors of papers yet to be read he must declare the discussion on craniotomy closed.

Dr. James H. Ward, of Brooklyn, was then introduced, and read a paper entitled, "A Case of Abnormal Pregnancy." He exhibited a specimen of extra-uterine pregnancy, the fœtus at three and a half months, this case being the basis of his paper. The subject was discussed by Drs. Robert McMurray, Harrison Willis, Phœbe J. B. Wait, Philip Porter, and others. Prof. L. L. Danforth read a paper on "The Obstetric Forceps," and exhibited a number of varieties, illustrating their use on the manikin. The hour being now very late, the other papers on the programme, viz., one on "Placenta Prævia," by Dr. L. M. Kenyon, of Buffalo, and one on "Abnormalities of Adhesion and Detachment of the Placenta," by Dr. George W. Winterburn, of New York, were read by title. The society then adjourned, feeling very well satisfied with the results of its first public meeting. The next meeting will be on February 25, to be followed by others on April 22 and June 29.

## LITERATURE.

The story of homœopathy, so well told by Dr. Ameke, should be read by every homœopathist.\* We have here displayed in glowing colors the origin of the opposition to the new principle in medicine. Hahnemann's rejection of blood-letting was his great offense. The lancet was then the sheet-anchor of scientific medicine; without it there was no salvation in inflammation, and it was criminal, nay murderous to withhold it. Until 1840 the constant cry was for blood. Even in cholera, according to many lights in the profession, the only remedy was bleeding, bleeding, bleeding. And so in all acute disorders. "Common sense was in favor of bleeding. Bleeding from the nose relieves congestion of the head, the relief is felt at once; and so it is with other bleedings. Is this not a very important hint to us from nature? Must not the physician follow the way indicated by nature? And what will become of medicine if we do not hold by what we see with our eyes and understand with our reason? What changes does blood undergo in inflammatory diseases? It has become morbid from excess of albumen; the fibrin is morbidly increased in quantity. It is the fibrin which obstructs the finer vessels and retards the circulation and produces consolidation and ultimate supuration. Rational therapeutics imperatively requires the diminution of the morbid albumen and of the pathological fibrin; this is treatment of the cause." It was evident, therefore, that the strong arm of the law should be invoked to put down the pestilential heresy that bleeding was no good. And invoked it was; resulting in a glorious triumph over the homœopathic miscreants.

But scientific medicine had another great grievance against homœopathy. The proving of medicine on the healthy was denounced as a crime. "These senseless proving-experiments of Hahnemann's on healthy persons are contrary

\* *The History of Homœopathy. Its Origin and Conflicts.* With an Appendix on the present State of University Medicine. By Wilhelm Ameke, M.D. (of Berlin). Translated by Alfred E. Drysdale, M.B. (of Cannes). Edited by R. E. Dudgeon, M.D. 8vo, pp. 445. (London: E. Gould & Son.)



at once to nature and to reason." But the worst thing in homœopathy was its success in curing patients. All else might have been forgiven, but to actually cure patients which had been given up by scientific medicine, that was too much. The history of the persecution which the pioneers of homœopathy endured should be read by numerous latter-day homœopaths who are imbued with as malignant a spirit against those who differ from *them*, as were the personal opponents of Hahnemann; and who would persecute all who cannot pronounce *their* shibboleth as rigorously as were the first disciples of the law of similia.

But Dr. Ameke has done more than to merely retail the history of a vilification. He has shown Hahnemann as he was regarded by his associates before he espoused the doctrine of homœopathy. This part of the book will be a revelation to most persons. It shows Hahnemann as a chemist, pharmacist and botanist, the equal of the best of his times, and so acknowledged by his peers. He made many original discoveries in chemistry, toxicology and pharmacy, corrected the errors and mistakes of accepted authorities, and won for himself wide acceptance and universal esteem. Had he been satisfied to stop here, he would have remained an honored member of "scientific" medicine, but fortunately for mankind his training in these departments fitted him to develop the theories which made him the best detested man of his generation.

Dr. Ameke has done a great service to the profession by bringing together all this array of fact. Whoever wants to know what manner of man this Hahnemann was will find it written here very large and plain, and we hope that every homœopathist will make himself familiar with it. Dr. Drysdale has done the work of translating the text from the German admirably, and Dr. Dudgeon has added a valuable index.

The name of Rindfleisch is so inseparably connected with the subject of morbid anatomical phenomena, and the erudite Professor of Würzburg is so fully accepted, by the profession at large, as a trustworthy guide in this

department, that a new work by him needs no commendation from critics to win a place in the libraries of working medical men. Prof. Rindfleisch has prepared an excellent little manual, in which he has furnished the natural groundwork upon which a knowledge of pathology must rest.\* It is especially valuable to the practitioner who is unable to devote much time to theoretical studies, but who wishes to occasionally refresh his mind in the department of general pathology. The translation is excellent, the arrangement of the book convenient for easy reference, and like all of Blakiston's books it is well printed and bound.

Last spring Dr. Boericke decided to republish Schüssler's *Twelve Tissue Remedies*, which had been out of print for some years. The present edition, however, is a very different book from the old one. It is an entirely new translation from the twelfth German edition. Dr. O'Conner has added a repertory, and this greatly enhances the value of the work, but strange to say the book has neither a table of contents nor an index.†

Dr. Schüssler's theories are well known. Independent of these theories the remedies are useful, and as far as their pathogeneses are known are available, but they should not be used empirically on Schüssler's, or any body else's, dictum.

Dr. John H. Clarke, of London, has compiled a small, pocket reference book designed to aid the medical practitioner in his round of professional work.‡ The various diseases are arranged in alphabetical order, and under each is specified the treatment recommended. The fol-

\* *The Elements of Pathology*. By Prof. Edward Rindfleisch, M. D. Translated from the first German edition by William H. Mercur, M. D. Revised by Prof. James Tyson, M. D. 12 mo. pp. 263. (Philadelphia: P. Blackiston, Son, & Co.)

† *The Biochemical Treatment of Disease*. By Dr. Med. Schüssler, Oldenburg, Germany. Twelfth edition. Translated, with addition of a Repertory, by J. T. O'Conner, M. D. 12mo, pp. 94. (Philadelphia: F. E. Boericke.)

‡ *The Prescriber*. A Dictionary of the New Therapeutics. By John H. Clark, M. D. 16 mo, pp. 187. (London: Keene & Ashwell. New York: Boericke and Tafel.)

lowing example will illustrate the character of this :

*Chorea*.—In ordinary cases begin with *Agaric.* 1, 3h. If this fails to cause improvement within two weeks, *Ver.* v. 1, 3h. ; an application to the spine, with the hand, night and morning, of equal parts of *Verat.* v. 9, spirit of wine, and water. Where there are symptoms of rheumatism, restlessness at night, *Act.* r. 1 x. 2h. If there is general debility, *Arsen.* 3 x, 6h. In veterate cases, *Cupr. acet.* 3x, 8h.

Or take this :

*Dysentery*.—Begin all cases with *Merc. cor.* 3x—3, every hour. If there is much colic, alternate it with *Coloc.* 1. Should these fail within two days to effect great improvement, the following may be given as indicated: Autumnal dysentery, with fatiguing tenesmus, worse at night, *Sul.* 3x, gr. i. 3h. Heat, rawness, soreness in rectum with prolapse, *Aloe* 3x, 2h. Burning and tickling in the rectum, tenesmus, *Ac. nit.* 1, 2h. Low typhus condition, *Rhus tox* 1, 2h.

This seems to be the practice of medicine made easy, and as the author avoids calling it *homœopathic* and names it "new," I do not know as we have any reason to find fault with it. Dr. Clark has evidently conscientiously labored to produce a book which would be of service to incompetent practitioners, and there are multitudes who could improve the quality of their professional service by accepting his recommendations as to medication. Dr. Clark doubtless had these fellows in his mind's eye as he wrote, and we can only hope that the book may find its audience. Unfortunately many will mistake this rule of thumb practice as homœopathic, an error, however, for which the author can hardly be held responsible. The characteristic difference between the "new" therapeutics and homœopathic therapeutics may be readily appreciated by comparing Dr. Clark's work with Prof. Lilienthal's.

Part second of the *Cyclopædia of Drug Pathogenesis* is issued, and is thus commented on by the genial S. L. :\*

It is really provoking to see some men continually dissatisfied, who will grumble at the crumbs, because they can not have a whole meal, dessert (Nenning,

Houatt, Swan, etc.,) included. Now we feel thankful, that at last we get a clue to the primary and secondary symptoms of a drug from the cyclopædia of drug pathogenesis, for we greatly feared parturient montes and its sequela. Why we find in every drug cases from old school practice and cases from poisoning, that ought to be satisfactory to every unprejudiced mind; only some people suffer so steadily from crookedness that they can not see straight, and fail to acknowledge the many homœopathic authorities which are often added to the foregoing. Others again object that they can not see any practical use in such a work and that it will not help them to find a simile for the diseased state. All we can say to these grumblers, the scope of the work differs and even its celebrated authors do not wish it to supersede the study of homœopathic *Materia Medica* nor to neglect comparisons from repositories. The decided benefit of this work may consist that it weeds out the chaff from the grain and in the practice of the scientific physician he knows now exactly on what symptoms he can put his entire confidence. *Sapienti sat.* We were especially pleased with the symptoms as given under the heading "*Arachnidæ*," but wondered why Grauvogl was considered unworthy to be mentioned. Let us be thankful for what we have and more anon.

Prof. Duhring's epitome of the diseases of the skin will be found a useful and practical manual, both by the medical student and the general practitioner.\*

Dr. Arthur Meigs has contributed a really interesting and valuable work on methods of infant feeding, natural and artificial, and as he has ideas of his own, which he expresses with facility and fervor, we hope he may reach the ear of the profession.†

\* *Epitome of Diseases of the Skin.* Being an Abstract of a Course of Lectures delivered in the University of Pennsylvania. By Prof. Louis A. Duhring, M. D. 16 mo, pp. 130. (Philadelphia : J. B. Lippencott Company.)

† *Milk Analysis and Infant Feeding.* A Practical Treatise on the Examination of Human and Cow's Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of Young Infants. By Arthur V. Meigs, M. D. 12 mo, pp. 102. (Philadelphia : P. Blackiston, Son, & Co.)

\* *A Cyclopædia of Drug Pathogenesis.* Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes M. D., and J. P. Dake, M. D. Part II. *Agaricus-Arnica.* 8vo, pp. 193 to 384. (London : E. Gould and Son. New York : Boericke and Tafel.)

## BOOKS AND PAMPHLETS RECEIVED.

*The Physician's Visiting List.* (Philadelphia: P. Blackiston, Son & Co.)

*Transactions of the American Homœopathic Ophthalmological and Otological Society.*

*Lacerated Cervix.* By W. J. Hunter Emory, M. D., of Toronto.

*Smallpox and Its Prevention.* By Thomas Nichol, M. D., LL. D., B. C. L., of Montreal.

*Diphtheria and Its Management.* By Thomas Nichol, M. D., LL. D., B. C. L., of Montreal.

*Third Annual Report* (1885) of the Homœopathic Free Dispensary Association, Washington, D. C.

*Observations on the Mutual Relations of the Medical Profession and the State.* An Address by Donald Maclean, M. D., President Mich. State Medical Society.

*Bulletin of the Tennessee State Board of Health.*

## ITEMS.

Cholera does not attack workers in tobacco. So says the *American Analyst*.

Shall the infant nurse from the inflamed breast? A doctor gravely asks this in the *Obstetric Gazette*.

Dr. Winterburn's monograph on *Purpura* is now ready for delivery. It is a 12 mo. of about 230 pages.

Dr. Henry C. Houghton has been elected President of the New York County Homœopathic Medical Society.

Do your children read the *St. Nicholas Magazine*? If not, invest 25 cents in a copy, and take their verdict on the result.

The American Obstetrical Society will hold its next meeting at the New York Ophthalmic Hospital, on the evening of February 25th.

Vaccination as a remedy for whooping cough is the latest craze. The vaccinia bacteria go for and eat up the pertussis micrococci—to the patient's relief. So it is said.

Horatio Wood believes that all elderly persons should be opium eaters. It strikes us that we have known one or two, however, who got along remarkably comfortably without it.

A pug dog had a fit in Albany yesterday, and, falling fifty feet, bit the dust. The proprietor of the building where it occurred has collected some of the dust and will send it to Pasteur to be inoculated.—*Roche ter Post-Express*.

An apothecary at Thorndale, Eng., recently exposed to view on his counter a supply of fresh vaccine points. A burly farmer happening in used one of these as a toothpick, and is now in possession of a mouth that is crowding all the rest of the face.

A local celebrity when on his deathbed in this city was informed that it had been decided to tap him for the ascites from which he suffered. "Then it's all over with me," he replied. "Nothing has ever lasted long in this house after being tapped."—*The Medical Age*.

Doctor (*to patient*): "Well, how do you feel to-day?"

Patient (*in agony*): "Oh, doctor, do something for me. I suffer terribly. I have the pains of hell."

Doctor (*in surprise*): "What! Already?"

Making a patient keep his eyes closed while recovering from ether is a great aid in preventing sickness; for owing to the patient feeling giddy, any object at which he looks, appears to sway from side to side; and this itself is sometimes enough to produce a feeling akin to sea sickness, even in those who have not been anesthetized.

Client—I am afraid the physician's testimony will convict me.

Lawyer—Don't be alarmed about that. I'll read up a little, and in ten minutes I'll have that doctor in a cold sweat, and make the judge and jury think he is a hired perjurer.—*New York Sun*.

The Committee on Drug Proving of the New York County Homœopathic Medical Society consists of Prof. Deschere, and Drs. George W. Winterburn and Cordelia Williams. It is purposed to begin with an important chemical element, which there is reason to believe will yield very valuable results. Any one willing to take part in this work may send their name to the editor.

*The Value of Vaccination, A Non-Partisan Review of Its History and Results*, is the title of a 12mo., 180 paged volume, by Dr. George W. Winterburn, just issued by F. E. Boericke. It aims to analyse fairly and impartially the opinions and statements advanced on both sides of this important question, and may be read profitably both by the defenders and opponents of the practice.

Winterburn's *Pocket Repertory* will be issued in a few days. This is a concise and reliable pocket index to about 300 of the better known remedies. It contains upwards of 10,000 pathogenetic symptoms, nearly all of which have been verified over and over again. It will be bound in very durable flexible leather, with overlap and tuck, price \$2.50. In outward appearance it is just like an ordinary memorandum book, and can be carried in any ordinary coat pocket.

The Montreal "experts" who were appointed to investigate the cause of the small-pox epidemic, reported January 9th. They say: "It was remarkable that most of the mortality was among children." The scientific value of an "expert" report from a set of men capable of making such an inane remark is self-evident. Every one who knows anything about small-pox is aware that it is a children's disease, the same as scarlet fever or measles, but those experts are amazed at the fact. Let them read history and learn something.

**PUBLISHERS' DEPARTMENT.****VALUABLE SUGGESTIONS IN THE USE OF  
DIETETICS,**FROM THE CELEBRATED MEDICAL  
AUTHORITY

J. MILNER FOTHERGILL, M. D.

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SQUARE, LONDON, W. ENGLAND, NOV. }  
13, 1885.

MESSRS. WELLS &amp; RICHARDSON CO.,

GENTLEMEN :—Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith.

You state that it contains "The purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar"; in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble sugar. Starch forms a great portion of our food and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease,

then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct; but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting.) But when it has added to it such a food as your Lactated Food it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped a rapid transformation of the starch remaining in it (by the diastase it contains), goes on; and a nutritive fluid is the result which requires but a minimum of the digestive act.

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red wine as claret, or sherry, or port, can be added to it when a little stimulant is required, and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbo-hydrates which they can assimilate.

But to my mind an equally great matter is the feeling of persons acutely sick, and especially where there is pyrexia, who now are allowed to perish of inani-



tion on the mistaken conviction that beef tea is a sustaining food. It is in the sick room that soluble carbo-hydrates have a great future before them.

J. MILNER FOTHERGILL, M. D.

The attention of the Medical Profession is called to the suggestions made above, and to the following receipts for preparing Lactated Food, in the various ways recommended. Many of these receipts have been extensively tried with the happiest results.

The composition of Lactated Food is as follows :

|                                      |        |
|--------------------------------------|--------|
| Lactose (Milk Sugar).....            | 25.00  |
| Malto-diastase.....                  | 15.00  |
| Soluble Carbo-hydrates.....          | 41.67  |
| Gluten and Soluble Albuminoids.....  | 16.35  |
| Potassium bi-carb.....               | 1.25   |
| Phosphates.....                      | .25    |
| Sodium chloride and other salts..... | .48    |
|                                      | <hr/>  |
|                                      | 100.00 |

The Malto-diastase is obtained from the finest quality of Barley Malt without the aid of heat ; therefore it retains its full diastasic power uninjured.

The Soluble Carbo-hydrates are the transformed starches of the Wheat and Oat, being rendered soluble by the action of the malto-diastase.

The Gluten is from the Wheat and Oat, and the Soluble Albuminoids are mostly from the Barley.

These in connection with the Lactose and the Salts, make a food that is nearer in composition and effect to the normal human milk, than any other food before the public.

The Gluten feeds the muscles, tissues and bones, and sustains the brain and nervous system.

The remarkable results thus far obtained from Lactated Food should induce every physician to prescribe it.

It is certainly a very important addition to the resources of the profession, both for hand-fed infants and in cases

of enfeebled digestion in adults, whether chronic or the effect of acute disease.

Lactated Food is put up in large cans and is much the cheapest food in the market.

#### RECEIPTS FOR PREPARING LACTATED FOOD.

In order to carry out the suggestions made by Dr. Fothergill in the foregoing letter, we present the following receipts for preparing Lactated Food with extract of beef, aromatics, etc. We earnestly recommend the profession to make a trial of such of these receipts as they think will be adapted to the cases in their charge. We have had them carefully experimented with, and they can be relied upon to produce most excellent articles, both in nutritive value and palatability.

**LACTATED FOOD WITH BEEF TEA OR EXTRACT OF BEEF :—**Beef tea for many years has been an important adjunct in the treatment of many cases by all schools of the medical profession. It has always been conceded to have great value as a restorative and stimulant, but it lacks food value which is very necessary in many cases where it is desirable to obtain the benefits from the use of beef. The combination of Lactated Food with either beef tea made from the meat or with beef extract, fulfills this condition in the most desirable manner. Below we give directions for preparing the article in either of these ways, and we earnestly recommend the profession to make trial of this method of giving the essence or extract of beef, instead of giving it alone, and we have no doubt but it will be found in all cases to be a great improvement.

**ESSENCE OF BEEF AND LACTATED FOOD.—**Take a pound of fresh beef, as free as possible from fat, and cut it into very small pieces, or shred it with a fork. Sprinkle over it a little salt, and

put the meat into a stout bottle and cork. When steam begins to escape from the bottle, tie the cork down with a string. Stand the bottle in a vessel of cold water, and bring this slowly up to the boiling point, and keep it there for four hours or more. Care must be taken to prevent the bottle from breaking against the side of the vessel, by movement of the boiling water. This can be done by securing it in its place by a piece of cord, or by putting a few nails on the bottom for the bottle to stand on. When it has boiled a proper time, remove from the bottle, and strain the liquid off through a coarse cloth. Then let it stand awhile, and when the fat has risen to the top remove it carefully with a spoon. Cook three teaspoonfuls of Lactated Food in one half pint of water for five minutes. For use take equal parts of this essence of beef and of the cooked food. Season to the taste. The addition of a very little clove or nutmeg is often very useful in giving a good flavor.

**LACTATED FOOD WITH BEEF EXTRACT.**—If it is desirable to give the extract of beef with the food without milk, it should be prepared as follows: Take from four to six teaspoonfuls of the Food, moisten with a little cold water, and then mix well with one pint of water. Heat to boiling for five minutes. Then add one or two teaspoonfuls of beef extract; stir well together, and season to the taste with salt. If desirable add a little clove or nutmeg.

**LACTATED FOOD WITH CREAM.**—By a comparative analysis of woman's milk and of Lactated Food it will be seen that the preparation of Lactated Food made with

$\frac{1}{4}$  pint milk,  $\frac{1}{8}$  pint cream,  $\frac{5}{8}$  pint water, comes nearer, in proportion of the various ingredients, to the standard of

woman's milk than when made in any other manner. The reason of this is that in woman's milk there is a larger proportion of fat, and a smaller proportion of caseine or nitrogenous matters than there is in cow's milk, and so but a small proportion of the ordinary milk is required in order to give the necessary amount of nitrogenous matters, but unless cream is added to this it does not bring up the proportion of fat to that in mother's milk. Therefore, the addition of about one tablespoonful of cream to every four ounces of prepared food is made. We have the testimony of many intelligent physicians that the Food made in this way is most nourishing and easily assimilated. There may be occasional cases in which the necessary development of the pancreas is not sufficient to digest this proportion of fat. In such cases, of course, the addition of cream would not be called for. The addition of cream in this manner makes a most delicious food. A little delicate flavoring added to it will make a dish that will be appreciated by the most fastidious palate. If in any case children refuse to take Lactated Food as ordinarily prepared, as they sometimes will when they have been previously fed on those containing a large amount of cane sugar, the addition of cream, with a little pure sugar, and a trifle of flavoring, will make a food that will never be rejected. Whenever it seems necessary to use a little extra sugar in this way, it may be used for a short time, gradually lessening the amount until it is left out entirely.

**LACTATED FOOD WITH CREAM AS A SUBSTITUTE FOR COD LIVER OIL.**—In the opinion of many of the ablest physicians, cream is preferable to cod liver oil in the treatment of tuberculosis, or other wasting diseases. When given with Lactated Food, it can be taken without disagreeing with the most delicate

stomach, and will often be tolerated where milk has been rejected. So prepared it will be most easily assimilated, and taken with the greatest relish.

Pure cod liver oil to most people is a nauseous dose, and often disagrees with the delicate stomach. When it does, it is of no value as a nutritive agent, though many patients have tortured themselves with the attempt to swallow and digest it, under the delusion that it would be a benefit to them. This idea is wrong; every thing should be avoided which tends in the least to impair the appetite, disorder the digestion, and lower the vital powers.

Owing to the peculiar properties of Lactated Food, when combined with cream, we are able to present to invalids a predigested food that will give them the maximum amount of nutriment with the minimum expenditure of strength for the digestive act; in other words it is the means of enabling them to accumulate vital energy and add to it each day until the normal standard is reached and health is restored.

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A CRITICISM OF PROF. T. F. ALLEN'S PRESENT POSITION IN THE HOMŒOPATHIC SCHOOL, AS DEFINED BY HIMSELF.

BY DOCTOR

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*Heu prisca fides!—Virgii. Fiat justitia cælum ruat.—Aphorisms.*

RECENTLY in looking through the volume of "Transactions of the American Institute of Homœopathy, Session of 1885," I came to the report of the Bureau of Microscopy and Histology, and after carefully going through the four papers composing that admirable report, proceeded to examine the short but pregnant discussion which followed.

In the record of the remarks made by Prof. T. F. Allen, A. M., M. D., LL. D. I find the following sentences. "I believe it *absolutely impossible* for any mode of therapeutics to arrest or *modify* the progress of a zymotic disease. I believe that statistics have so far shown that in all cases, *expectancy* has been *absolutely superior* to any other practice. In these diseases we must be prepared to meet and antagonize distressing symptoms which invariably arise in various parts of the body. This is best done by our homœopathic remedies, but with *little to show against* the *expectant method*."

Again a little farther on, "I must say that within the last few years the possibility of homœopathic remedies shortening the period of a disease *has become very uncertain*. We have seen disease subside suddenly, under treatment, and I have seen the same thing happen where no treatment was given."\*

\* The italics are the writer's and not Prof. Allen's.

To say that my feelings as I read this report of Prof. Allen's remarks before the assembled Institute were those of astonishment and regret would be but a faint representation of the truth. When, however, I came to reperuse this speech in the light of the very recent definition of his position given in the letter to Dr. Geo. Peck and published in the "*Medical Advance*," republished in the "*Chironian*," a journal published by the students of the N. Y. Homœopathic Medical College, of whose able faculty Prof. Allen is the dean, and in which college he holds the high and responsible position of Prof. of Materia Medica and Therapeutics, the chair once filled by the great and ever lamented Carroll Dunham, whose mantle of philosophical knowledge of materia medica, and of ability for scientific and logical exposition of our homœopathic therapeutics was supposed to have fallen upon the present occupant of the chair, I must confess that my former feelings were aggravated more than tenfold.

Let us again quote from this later definition by Prof. Allen of his position. "It seems to me that homœopathy has been steadily losing its hold upon the *scientists* of to-day, as an accurate, scientific method, largely from the fact that Hahnemann's theories of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be



able to demonstrate these propositions as truths of nature. Their demonstration is an absolute necessity, not primarily to clinical medicine but the purity and reliability of our *materia medica*."

"My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed, etc., etc." "The foregoing is the purely experimental, and as one may say, the scientific side of the question." "Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of the so-called homœopathists." "The small margin of difference of results between the purely expectant treatment with absolutely no medicine whatever, and the result obtained by the administration of occasional small doses is to be the battle-ground of the future," etc., etc. Now read the sentence quoted from the remarks made before the American Institute in connection with the sentence last quoted above from the letter defining his present position in Homœopathy, and we have the following logically drawn statement by Prof. Allen: "This is best done [vide Remarks to see what the "this" means] by our homœopathic remedies, but with little to show against the expectant method, with absolutely no medicine whatever."

"If the efficacy of infinitesimals can be demonstrated on the healthy, and the provings therefrom utilized, then they will be, I believe, the best implements to use, for the less medicine prescribed to patients the better the results." I take it for granted from Prof. Allen's failure to produce results on the healthy with the thirtieth attenuation as stated above that he includes the thirtieth attenuation in the list of "infinitesimals" whose power to act on the healthy must be demonstrated before they can be employed in the treatment of disease otherwise than empirically.

"My present status is that of a *pure Hahnemannian*, giving, as a rule, infrequent doses of the moderate attenuation, waging an unsparing warfare upon allopathic expedients of all sorts." "I have no tolerance for those who alternate their medicines, and overdose their patients." "I can not tolerate those who have de-

parted from the Masters' rules (sic!), and use mainly fluxion potencies, very frequently on empirical indications."

"I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths."

I admire the courage, the manly pluck, the honesty of purpose shown by Prof. Allen in publicly announcing the sentiments and belief expressed in the "Remarks" and in the "Letter" from which the above quotations have been made, but shades of Aristotle and Lord Bacon! what logic and what philosophy to emanate from the chair of *Materia Medica* and Therapeutics in the New York Homœopathic Medical College—the chair once occupied by the close and accurate observer, the profound and original thinker, the scientific and skillful reasoner, Carroll Dunham!!

Now let us critically examine and analyze this definition of his position by Prof. Allen, with some of the statements connected therewith, following them out to their logical conclusions, and see where they would lead us. It may not be amiss, however, for the writer before proceeding further, to follow the example of Prof. Allen, and define his own position.

In relation to the great general system of medical science and practice, the writer claims to be, so far as his limited ability will allow, a scientific physician. In relation to the limited section of that great body of medical science which deals with the proper selection and administration of remedies internally in disease, I claim to be a pure homœopathist. In the use of all those means, as adjuncts, which experience in all past ages has proven to be conducive to the comfort and well being of my patients, the "accessories" of all schools of medicine—external applications, etc., (I suppose these would be included in what Prof. Allen terms "allopathic expedients")—which may assist the action of internal remedies towards a more rapid cure, or make my patients feel more comfortable while the internal remedies are acting, or soothe an inevitable downward progress to the grave, I claim the right to exercise my

own best judgment as a common sense physician, without regard to any pathy or ism whatever, and without detriment to my claim to be a scientific physician and a pure homœopathist. I cannot tolerate that narrow-minded, illogical, Pharisaical set of medical purists in our homœopathic school who, because a brother homœopathist chooses to use the crude drug in some instances instead of an attenuation, or makes use of poultices, injections and other external expedients in the treatment of such cases as in his judgment seem to demand them, take upon themselves to call such a brother practitioner a mongrel, or some other opprobrious epithet, and as pure Hahnemannians proceed to read such a brother out of the ranks as no homœopathist.

You will observe, in the first place, that Prof. Allen in defining his position prefers to designate himself as a pure Hahnemannian rather than as a pure homœopathist. Now it seems to me that by the term "pure Hahnemannian" is meant one who fully believes in the doctrines, and conscientiously follows out in practice the rigid directions, enunciated and impressed upon his followers by the great master. We shall see presently how Prof. Allen answers to this plain definition of a pure Hahnemannian. On the other hand I consider every physician a "pure homœopathist" who thoroughly believes in the great general law of relationship between drugs and symptoms in disease, first proven by Hahnemann, and enunciated by him in the formula "*similia similibus curantur*," the great fundamental law and chief corner stone of homœopathy, and who in his practice, so far as the selection of medicines for internal administration is concerned, conscientiously adheres to this guiding law. As to the attenuation to be used, every man has a right to his own choice, being influenced by his own experience, or that of his preceptor, or other friends on whose judgment and advice he places great reliance, and he is no less a pure homœopathist when he uses the crude drug selected strictly in accordance with the law of similars, than when he chooses the third, sixth, thirtieth, or two hundredth attenuation, in conformity to the same law.

The reader will take notice that I have not thus far made use of the terms "potency" or "infinitesimal," in speaking of remedies and their selection in the treatment of disease. The technical term "potency" I take to be an outgrowth of Hahnemann's theory of dynamization, and the term "infinitesimal" as applied to dose to have arisen in much the same way out of the development and use of high attenuations. Here let me express my profound conviction that the speculations and theories advanced by Hahnemann upon the doctrine of dynamization, his speculations and theories as to the intimate nature of disease, his speculations and theories to explain how and why high dilutions and infinitesimal doses act in removing the symptoms of disease, and the intensely acrimonious discussions on these subjects, especially on high dilutions and infinitesimals, and the opprobrious, sometimes contemptuous, epithets indulged in by those docile followers of the great master who accepted all those theories because dogmatically set forth by him, against those who accepted only facts proven, and, while practicing in strict accordance with the established law of similars, rejected all absurd and unproven theories, have done more to injure the standing of homœopathy as an accurate and scientific method, and to retard its progress among genuine lovers of scientific truth than all other opposing causes combined. Until quite recently there was a large circle of Hahnemannian purists who rather looked down from the lofty height of the 300th, (that as the lowest peak of observation), and from that up to the millionth potency, upon those of us who would persist in using from the 30th down to the mother tincture, and some members of this circle not infrequently expressed the opinion that we dwellers in the lower regions of medication could not be as good and pure homœopathists as those who remained on the heights of infinitesimalism. Now, "*tempora et mores mutantur*," and the very "purity and reliability of our materia medica pura" according to Dr. Allen's letter to Dr. Peck is made to depend upon the clear demonstration of the truth of Hahnemann's theories of dynamization

and the action of infinitesimals. How does this position of Prof. Allen's harmonize with what are accepted by scientific and logical thinkers and investigators the world over as the laws of evidence by which we are to be governed in the acceptance or rejection of any given statement? I take it for granted that every fair-minded man will acknowledge that in the original provings of drugs upon the healthy by Hahnemann and his immortal band of co-laborers, from which the *Materia Medica Pura* was compiled, no more careful, conscientious and thorough investigation and test of facts was ever made, before their testimony to these facts was arranged and published. I contend that according to the laws of evidence we are bound, as scientific men and lovers of truth, to accept their provings, and if we believe also in the great general law of "*similia similibus curantur*," we are equally bound to select and administer our remedies in accordance with these facts thus scientifically established. Thus far I see no danger to the integrity of our *materia medica*. Let us now proceed a step further. All these provings to ascertain the individual and specific action of each drug were made upon persons of all ages and both sexes, in as nearly a perfect state of health as it is possible to find in this imperfect world of ours. They were made, some with the crude drug, some with dilutions and triturations from the lower end of the numerical scale of attenuation, and some with the 30th dilution. I omit here, as unnecessary to our argument, all those instances where symptoms have been taken from cases of poisoning. Should it make any difference to our faith in these provings whether they are made with the crude drug or with some dilution or trituration, no matter how high in the scale, so long as we know that they were made in the proper scientific manner, and by experimenters whose testimony, according to all the laws of human evidence, is worthy of our credence? I am speaking now altogether of facts and not of speculations and theories, and I anticipate the answer among scientific as well as common sense men to be an emphatic *No*.

Now for another step in the "purely experimental, and as one may say, the scientific side of the question." I think it is a reasonable and logical inference to draw from Prof. Allen's letter, that he now repudiates the administration of the 200th attenuation, and even of the 30th, as unscientific and only empirical, because his attempt "to prove their power on the perfectly healthy individual has utterly failed," and because "Hahnemann's theories of dynamization and the action of infinitesimals has not been clearly demonstrated." What then are we to do with all the great body of testimony from Hahnemann and his learned associates, added to and strengthened through the subsequent decades to our own time by the most learned and successful practitioners of our school, telling us of brilliant cures in acute and chronic diseases by the use of attenuations from the 12th to the 30th, and even the 200th, and of wonderful relief to distressing symptoms in incurable cases by the use of the same attenuations? Surely, if we would be "scientists," according to the logic of Prof. Allen's letter, we must throw all these contributions to our practical literature overboard as not reliable or worthy of acceptance because, forsooth, the pathogeneses of the remedies by which these results are claimed to have been attained (and by means of which pathogeneses the remedies were selected and administered in strict conformity with the law of similars) were not derived from provings on the healthy with the very attenuations which were employed in the cases recorded, and also chiefly because "Hahnemann's theories of dynamization and of the action of infinitesimals have not been demonstrated" as scientifically true. On the same line of argument, and for the same reasons, why should we not refuse to receive and regard as falling within the limits of the scientifically true all accounts of cases cured or relieved by the use of the sixth attenuation of a drug, when the symptoms in the proving of that drug which led to its choice in any given case were not derived from the action of the 6th upon a perfectly healthy organism? If we are thus to deny the ability of learned and trustworthy physicians of our school



of practice to recognize and testify to the relation and sequence of cause and effect in conformity to the just demands of science and truth, upon whom are we to rely, and to whom are we to look, for reliable additions to our practical knowledge in the treatment of our patients, and for scientifically true additions to our "Armamenta" in the form of confirmation of symptoms already given in our works on materia medica, or of hitherto unknown symptoms and new remedies added to our ever increasing list? For my own part (and I do not believe that in this position I shall stand alone) I had rather take the *ipse dixit* of any thoroughly educated, common-sense, honest physician, than that of any number of self-styled "SCIENTISTS," who, like Hahnemann in the latter part of his career as a homœopathist, undertake to penetrate the profound mysteries of Nature hidden in the relation of the drug-substance to its medicinal qualities, and get entangled in speculations and theories which can not be sustained; or those who (unlike Hahnemann!) because they can not understand and explain by any known physical law how the medicinal and curative qualities of a drug can be present in any vehicle, when to all human appearance, and by all material tests known at present, there is none of the original substance present in the vehicle, therefore deny the testimony of facts observed by hundreds, yes, thousands of better scientists than themselves, and reject as imaginary all such cases of cure or marked relief of symptoms in disease, or assert that in *the expectant method, without any medicine whatever*, the same results would have transpired. May our homœopathic school be delivered from so-called "scientists" who, unless they can, in every instance, literally "hear with their own ears, see with their own eyes, and handle with their own hands" the material substance of the curative agent, the flesh and blood body, so to speak, which contains the spirit of power, proudly take the position of materialistic agnostics in the medical ranks, and deny the existence of well proven facts and truths because *they* do not understand the "modus operandi" by which the Creator of the Universe has linked

such wonderful effects in these particular instances with so trivial and apparently invisible material causes. Far wiser, I say, is Faith in competent testimony to facts, without perfect knowledge of all the hidden threads which bind effects to causes, than such skepticism as this. Moreover, and finally as regards this branch of the subject, I assert that in medicine, as in theology, faith in testimony to facts given by reliable and competent witnesses (their knowledge of such facts having been acquired in strict conformity to the well known laws of investigation and their testimony given in accordance with the laws of evidence)—faith in such testimony I claim to be more truly scientific and on a far higher plane of scientific truth, than that scientism which seems to have so powerful an influence in the "letter" under criticism.

We have now discussed in several (but not all) its so called scientific aspects, the position assumed by Prof. Allen in the "letter" defining his "present status" as an educated practitioner of medicine. The writer has not deemed it worth while to enter into the discussion of the question as to who is the better and purer "Hahnemannian;" whether it is he who accepts and believes in Hahnemann's teachings and dogmas, and only changes the great master's rules in the matter of the mechanical method of preparing the "potencies" and "infinitesimals," and perhaps in his method of administering them, or he who denies entirely the scientific accuracy of Hahnemann's dogmas, and the practical virtue of his "dynamization" and "infinitesimal" doses of all degrees, and asserts that "the expectant method with no medicine whatever" would have produced nearly if not quite as beneficial a result in all cases except those of zymotic disease wherein the expectant method is "absolutely superior."

Let us turn our attention to some of the more practical points involved, and see how the assertions made in the different portions of Prof. Allen's remarks before the American Institute, and in his "letter" defining his "present status," harmonize with one another, and to what absurd and contradictory conclusions the comparison and following



out to their legitimate issues of these assertions will logically lead us.

In the "remarks" at the American Institute Prof. Allen states as his belief "that it is absolutely impossible for any mode of therapeutics to arrest or modify the progress of a zymotic disease," and that statistics have so far shown that in all cases, expectancy has been absolutely superior to any other practice." A little further on in these "few suggestions" we find him saying that "in these diseases we must be prepared to meet and antagonize distressing symptoms, which invariably arise in various parts of the body" . . . "that the best results are to be obtained by the symptomatic treatment of these diseases" . . . and "this is best done by our homœopathic remedies, with but little to show against the expectant method." Now if it is "absolutely impossible" even "to modify the progress of a zymotic disease by any mode of therapeutics," what is the use of giving any medicine whatever? Why should we do more than to see that every chance is given the patient by the proper diet and nursing and by securing the absence, so far as possible, of all injurious influences, and then sit down and calmly await the result of the struggle between the powers of disease and the "*vis medicatrix naturæ*" of the patient? But we are told that "in these diseases we must be prepared to meet and antagonize distressing symptoms which invariably arise in various parts of the body," and we are also informed that "this is best done by our homœopathic remedies, but with little to show against the expectant method." If we are to administer medicine for "distressing symptoms," why not for other symptoms also; as every physician of experience knows that not seldom the symptoms most threatening to the life of the patient are not those which are "most distressing," but quite the reverse? Again, the whole tone of assertions made, and of advice given in these remarks, seems to be on the line of an assumption that disease as an individual entity, at any rate, a zymotic disease, can be considered apart from those subjective and objective phenomena which are technically termed symptoms. To substantiate this let the reader study for

a moment the following sentences: "The school of the future will let alone zymotic disease as disease." "Care will be given to hygienic surroundings and the administration of drugs for the distressing and complicating conditions which arise. We can not yet determine how far to extend this plan to acute disease. How many chronic diseases are amenable to these laws (?!) we do not know." As a final quotation from these "remarks" made at the last annual session of the American Institute, consider the following: "I must say that within the last few years the possibility of homœopathic remedies shortening the period of *a*" (notice the indefinite article) "disease has become very uncertain." . . . "We can and do control, however, without a doubt, the serious complications which arise and the sequelæ which follow." This, then, the "position," and these are the deliberately expressed opinions of one who claims to be a "pure Hahnemannian," and is a teacher of Scientific Homœopathic Materia Medica and Therapeutics, in probably the most influential homœopathic medical school in this country if not in the world! It seems to me that if the advocacy of such theory and practice in the science of therapeutics in our school could reach into the graves of Hahnemann and the eminent pathologists and practitioners in the homœopathic ranks who have since his time joined "the grand army of the illustrious dead," it would cause even their bones to rattle in their coffins.

Let us return for a few moments to the consideration of diseases, zymotic or otherwise, and symptoms, whether "distressing" or not distressing, which manifest themselves in the progress or development of these diseases. Will Prof. Allen enlighten us as to how we are to know any thing about these "diseases" in the living patient except through the medium of the objective and subjective symptoms as they develop in each individual case under treatment, in order that we may be able to let the disease alone as disease, and direct our therapeutic endeavors to "symptoms and complications as they arise?" Also if we succeed in materially subduing these symptoms and in warding off threaten-

ing complications by the use of homœopathic remedies, will Prof. Allen inform us how it can be "utterly impossible for any mode of therapeutics" to "modify the progress" of a zymotic, as well as of any other disease? For my own part, I prefer for practical use and advantage both to myself and my patients, to be influenced and guided in all these matters by the "statistics" furnished by the account of cases treated, whether successfully or not, by educated and trustworthy physicians of our own school of practice, and placed on record by them for the benefit of the medical profession at large, rather than to trust to the statistics of our allopathic opponents, when our experience in the past has shown us that these statistics are generally arranged either to bolster up some new-fangled theory in medicine, or collected and garbled expressly to belittle the claims to superiority of our homœopathic system of therapeutics. In this connection I quote with pleasure the sentiments of a distinguished author and practitioner of the present day in the allopathic school: "The influence of some of our most prominent medical thinkers has been opposed to the value of medicines in the treatment of disease. The modern school of pathologists, absorbed in the contemplation of the ravages of diseases, are either oblivious of the curative powers of remedies, or openly ridicule the pretensions of therapeutics. . . . The reader will find that I have no sympathy with the therapeutical nihilism of the day, and that my convictions find expression in the recommendation of plans of treatment." \* A very distinguished writer in our own school in speaking of those who attempt to deal with disease as an entity from a pathological standpoint and separated from all its symptoms, quotes the following acknowledgments from the great Choulart: "Nothing is recognized in disease but its remote cause and the totality of its symptoms. The next cause, which is the middle link that connects both, is undiscernible to us. And yet we have taken that which is the most uncertain of all in the whole extent of medical science, our supposed knowledge of the proximate

cause, for our foundation, and theoretically allow ætiology and semiotics, as lateral branches to grow from it, pruning and plying them, so as to suit the pathological basis. We would diffuse light out of darkness, but it will not shine. We have built our temple on the sands of supposition, and it sways like a reed to the wind. We have no real useful knowledge of diseases." \*

Passing now from this fruitful source of unscientific, illogical and contradictory conclusions to which we are inevitably drawn by following out to their legitimate issue the statements above quoted from Prof. Allen's "few suggestions" offered at the American Institute, let us turn our attention once more to his letter to Dr. Peck defining his "present status" as a "pure Hahnemannian" and see where an analysis of the statements of individual opinion and belief set forth in this letter will land him and all such "Scientists" as agree with him. I allude now particularly to Prof. Allen's ideas in relation to the all important, the absolutely vital point—the foundation upon which the whole superstructure of homœopathy as a true and scientific method of practice rests—the *purity* and *reliability* of our *materia medica*. Criticism of these statements of individual opinion might justly be made a little less severe were they not set forth with such an air of scientific accuracy and dogmatic authority, accompanied by the suggestion to the profession (in the phrase "when I have no favors to ask or expect") that in his own estimation he had attained a height in reputation and financial success in practice where he could not be affected one way or the other by the favorable or unfavorable opinions of his fellow practitioners. If I mistake the drift of meaning in the phrase quoted, I sincerely beg Dr. Allen's pardon.

Let us put Prof. Allen's assertions in the form of a syllogism:—Major Premise: The demonstration of Hahnemann's theories of dynamization and the action of infinitesimals is an absolute necessity to the purity and reliability of our *materia medica*.—Minor Premise: Hahnemann's theories of dynamization,

\*Prof. Bartholow

\* Stens—Therapeutics of the day.

etc., have not been clearly demonstrated, and no amount of clinical evidence will ever be able to demonstrate their as truths of nature. Conclusion:—Therefore—*What?* The inevitable conclusion according to Prof. Allen's logic (if his major and minor premises are both true statements), is this: viz: We have not now any pure and reliable materia medica, and (so far as I can see) our present great body of materia medica, as contained in "Allen's Encyclopedia of pure materia medica," *never can be pure and reliable.*

What now are the apparent reasons for this tremendous revolution in Dr. Allen's medical creed, and (as a natural consequence) of his change in practice. Why, simply because he has been unable "to demonstrate the efficacy of infinitesimals on the healthy," and has "entirely failed to prove the power of the thirtieth potency to affect healthy individuals," and perhaps also because the statement that "the success of the homœopathic school in the use of " infinitesimals "has practically demonstrated their efficacy seems to him utterly puerile." Now as to the statement contained in the major premise of the syllogism given above, I take issue with Prof. Allen, and deny its truth "in toto," and I do not think it would be difficult to give plain, scientific, convincing arguments to prove its falsity, but the space allowed for this article will not permit. It seems to me that any thoroughly educated, scientific, logically-minded physician can supply these arguments for himself. As regards the statement contained in the minor premise I think just as Dr. Allen does, but at the same time I contend that, *on scientific grounds, the truth or falsity of this statement has nothing whatever to do with the question of the purity and reliability of our materia medica.* Add to this the fact that, so far as there is any force at all in an argument derived from the statement that "he has utterly failed to prove the power of the thirtieth potency to affect healthy individuals, the force of such argument will be sadly damaged by even a single instance of a well authenticated proving, where a large number of the symptoms have been derived from the use of the thirtieth potency upon some

of the provers, and show the weakness of Dr. Allen's position: and in this connection it may not be amiss to gently jog Prof. Allen's memory and call his attention to at least one such proving, made under his own general supervision, by provers either directly in his own office, or in close relation with it, and this proving is vouched for him by its publication in the "Encyclopedia" under the heading "*Equisitum.*" I leave the reader to draw his own inferences!

Let us see what the great teacher who preceded Prof. Allen in the chair of materia medica in our college has taught in relation to this very matter of the "purity" and "reliability" of our materia medica. Carroll Dunham has left his "status" on record as follows: "Dr. Hering has very happily explained that Hahnemann called his materia medica 'pure,' not as claiming that it is 'spotless' or faultless, but that it is 'free from fiction,' from preconceived theory, from hypothetical notions; that it embodies the result of the pure observation of phenomena produced by drugs upon the healthy organism. Such is our materia medica—a record of actual occurrences, of events that really took place, of results that were unquestionably produced upon the healthy subject. It can never grow obsolete. Theories may be originated, may flourish and grow antiquated, and at last fade into oblivion. The hypotheses that constitute the science of Pathology, after passing current for a generation or two, are sure to be rejected in favor of some newer issue, and the very terms in which they are expressed may become unintelligible as time goes on. But the *facts* of our materia medica, expressed in the ever comprehensible vernacular language are always fresh. Being the results of pure observation, and therefore absolutely true, no modifications in philosophy, no changes in theory can supersede them. Our materia medica is an ever enduring work."\*

How different this position from that assumed by his successor in the chair of Materia Medica and Therapeutics! What an awful gulf stretches between

\* Dunham's "Lectures on Materia Medica" vol. 1, p. 61.



the solid and satisfactory position in which Dr. Dunham's wise and logical utterances place us, and that to which we are inevitably forced if we accept the dicta of Prof. Allen!

Let us briefly contemplate a few of the inevitable consequences of assuming that Prof. Allen's statements are correct, and his reasoning therefrom logically and "scientifically" accurate. Not only is the great body of our *Materia Medica Pura* as given in "Allen's Encyclopedia" (that voluminous work upon whose compilation so much time and arduous labor were bestowed, and by which its author has achieved so high a reputation) thereby pronounced *not pure*, and *unreliable* in its *totality*, but in *all its particular parts*, where the symptoms contained in the pathogeneses of different drugs were derived from the alleged action of thirtieth attenuations, or of "infinitesimals" higher in the scale, upon the healthy human organism, our *Materia Medica* must be unqualifiedly declared a *fraud* and a *delusion*! Common honesty will demand that all those portions be publicly announced, and eliminated from our great Text Book of *Materia Medica*! The same judgment must necessarily be passed upon all those reports of brilliant cures, marked amelioration of "distressing symptoms," confirmations of symptoms, etc., etc., scattered so profusely throughout our homœopathic literature, where these effects are claimed to have been produced by the use of the 30th or 200th attenuation, or by "infinitesimals" still higher in the scale! All these must now be considered as of no earthly practical use as true and scientific helps to the conscientious student and practitioner, and would be better destroyed as a sinful waste of good paper and printer's ink, not taking into the account that they may also be a source of misleading minds, not so strongly fortified in science and philosophy as Dr. Allen, into grievous error and even culpable mistakes! If the memory of my own studies for the past 30 years of these cases, so abounding in our homœopathic journals during that period, is correct, to many of them will be found attached the name of T. F. Allen. M. D.; and it is not unreasonable to suppose that his present

reputation both with practitioners and the laity as a skilled diagnostician and prescriber has been largely enhanced by these very reports of cases treated with "infinitesimal" doses. Alas! That we should now be obliged to throw all these reports aside as purely empirical, utterly "unreliable" and unscientific, because the truth of Hahnemann's theory of dynamization, and the action of infinitesimals on the healthy organism, have not been found capable of demonstration by Prof. Allen!

This brings me to the discussion for a few moments of what appears to me to be a serious flaw in Prof. Allen's argument or reason for abandoning the use of the 30th attenuations as unscientific and unreliable, and turning in his practice to the third and sixth attenuations. His main reason seems to be that he has entirely failed to reproduce the pathogeneses of the various drugs by the administration of the 30th attenuation of these medicines to perfectly healthy individuals, and a secondary reason appears to be found in the general statement that the power of "infinitesimal" doses to affect the healthy, and to give satisfactory provings of the drugs employed, has not been demonstrated; still another reason is that the "theories" of our great master, Hahnemann, to explain dynamization, and the action of infinitesimals, have not been demonstrated as true. All these reasons, when taken as arguments, can I think be refuted together by a common line of counter-argument. In the first place this is a question *purely of fact*. The point to be settled is whether certain alleged facts have or have not taken place; therefore all theories to explain the mysterious methods by which these phenomena or facts were produced (the how and why) are utterly out of place so far as the establishment of the truth or falsity of the facts themselves is concerned, and we must put aside in this investigation all theories, whether propounded by Hahnemann, or any other authority no matter of how high standing among men of science. Again all that is necessary for us to know in regard to the proving of any drug to establish in our minds its truth and trustworthiness, is that healthy individuals, governed in all respects by



the rules laid down for making provings, took doses, either of the crude drug or of some attenuation (no matter what) of the same drug sufficient to produce the symptoms contributed by the individual affected. When it has been shown by a sufficient number of provers of both sexes and all ages that by these doses, whether of the crude drug or any attenuation of the same, a uniform set of symptoms is produced, we are in duty bound to accept the collected and duly arranged mass of symptoms as the picture of the specific medical action of such drug. Of course it is not to be supposed that each prover will be affected in all respects like every other prover, nor would it be just to demand that the crude drug should furnish all the symptoms produced by the attenuations, nor vice versa, that the attenuations should produce all the symptoms which arise in using the crude drug. The only desideratum is that they should not absolutely contradict each other.

Another well established principle in pathological and therapeutic investigations which Dr. Allen seems by his own statements to have overlooked in arriving at his present *status*, relative to the value of the 30th attenuations, and other grades of "infinitesimal" doses, in the treatment of disease is this, viz., that the perfectly healthy organism is acknowledged to be, and on scientific grounds should be, far less susceptible to those external agencies whose tendency is to lower the vitality of the system or to produce actual disease, or symptoms simulating disease, than is the same organism, when its vital powers are actually interfered with, or disease is actually present, susceptible to the action of those antidotal or remedial agencies (remedies) which, according to the great general law governing the relationship of drug action to the diseases or symptoms they will cure, are to be administered in each individual case. So we naturally infer that it will be much more difficult to produce the drug symptoms upon a healthy organism with even repeated doses of so (may I term it?) ethereal and attenuated a preparation of the drug as the 30th, than it will be to antidote in a patient the symptoms to which the drug is strictly homœopathic

by means of a single dose of the same preparation. If this reasoning is not correct, why does Prof. Allen lay such stress on the the statement "that in proportion as the human race becomes depraved and weakened by luxury and excess, by just so much will zymotic diseases (and the writer will add all other diseases) increase. They are to be prevented by keeping our bodies in the very best possible condition to withstand the inroads of this disease (and all other diseases, say I), or if attacked, this condition will help us to avoid its effects." Just here let me ask Prof. Allen how much larger a dose (or how much more appreciable to all the most delicate material tests now known) of the specific agency which produces any one of the zymotic, or other diseases, is needed to be taken into the system to produce the dire results we are continually beholding, than is needed of the homœopathically specific remedy to counteract the symptoms produced by the disease. Is the one any more "infinitesimal" than the other?

I heartily agree with Prof. Allen in his recommendation of all hygienic and preventive measures which conduce to health, and by so much to the warding off of all manner of diseases, but I contend that by the same processes we render our organisms far less amenable, if not in most instances actually impervious, to the action of such highly attenuated and refined doses of drugs as are found in the 500th, 200th, or even in the 30th potencies. I am inclined to believe that much of the mischief which has happened in Prof. Allen's case has originated from his apparently entirely overlooking this well established principle in pathological and therapeutical science.

Here also I would beg leave to propose to Prof. Allen the following problem for his consideration: If all the healthy individuals of the civilized world were to become as susceptible to the influence of all those seeds or germs or causes of disease which so abound and continually threaten them in the air they breath, in the fluids they drink, and in the food they eat, as he implies they ought to be to the power of the 30th attenuations and "infinitesimal doses" in his efforts

to make provings of various drugs with these preparations, how long a time would elapse before it would be impossible to find such a thing as a healthy individual in all these communities, and the doctors, if any were left capable of performing their functions, working from morning to night and from night to morning, continuously, would be unable to meet the hundredth part of the calls for their services? If, on the other hand, Prof. Allen put his rejection of the 30th attenuation and of "infinitesimals" in general, upon the materialistic ground that, as tried by the highest mathematics of the "atomic theory," and by the most refined chemical microscopic and spectroscopic tests now known to the scientific world, there can be found none of the original drug substance in those preparations of the 30th, 200th, 500th, etc., etc., and therefore there can be present in them none of the peculiar medicinal power specifically belonging to the original drug used in the early stages of making these preparations, then our answer is—prove the assertion made in your *therefore*. We answer that even admitting the entire absence of the, original crude material, the "substantia" of those qualities which give the drug its healing power, we do not thereby admit the absence of those medicinal qualities in the attenuations employed, whether they be the 30th, the 200th, the 500th or any other attenuation in the scale. In this connection let me propose to Prof. Allen two simple experiments which I myself have seen tried several times, with the same result each time. Take two wooden pill boxes, each large enough to hold say four drachms of prescription sugar of milk. Put about two drachms of the sugar into each box. Take a lump of *camphor* of the size of a hazel nut; enclose it very carefully in tissue paper in such manner that not a single atom of the camphor can get into the sugar, and place this package in one of the boxes. Close the box as tightly as possible and set it away for a month. Do the same with the other box after putting in a piece of *musk* as large as a pea, enclosed in tissue paper the same as before. At the end of a month open the boxes, remove the

packages, and turn the sugar of milk into clean phials, which are to be kept tightly corked. The first cases you meet calling for the administration homœopathically of camphor or moschus, give them doses of the sugar of milk thus manipulated. I will guarantee you will get the specific curative effects of the drug, more or less marked, in every instance. How do you explain this from your present standpoint? Our answer is that this question whether the medical qualities of a drug can be transmitted in any degree to a non-medicinal vehicle, the crude substances of the drug itself being entirely absent, is a question whose settlement depends, not upon any preconceived notion or theory, or any mere reasoning, however scientific it may appear at first sight, but upon the issue of continuous, careful and trustworthy experiment with these preparations in the case of patients affected with those symptoms to which the drugs from which these preparations were made are adapted, according to the homœopathic law. In other words the settlement of this question depends entirely upon the result we get from pure experiments made with these very preparations "*ex usu in morbis*." I contend that such experiments in the greatest abundance, through a long series of years, have been already made, and that the grand result of those experiments has been to confirm the existence in these preparations of the medicinal power to heal the diseases to which they are homœopathically adapted. Here let me say that I think the great majority of the medical profession of the homœopathic school would far rather trust to the reliability of the testimony of T. F. Allen, M. D., the earnest physician and careful prescriber, when narrating some marked case of cure or relief of distressing symptoms following the administration of several doses of Dunham's 200th potencies, than they would trust to the diction of Prof. T. F. Allen, A. M., M. D., L. L. D., when, in the role of a "Modern Materialistic Scientist," he attempts to destroy not only the practical worth to the profession of his own 20 years' experience in practice with high potencies, but with the same fell swoop declares

worthless, unreliable, the result of imagination and not of medicine, the reports of the lifelong successes in the cure of disease with high potencies of such men as Constantine Hering, P. P. Wells, Carroll Dunham, and others too numerous to mention, not taking into account the records of cases given by the great founder of homœopathy himself—Samuel Hahnemann, thus practically branding himself and all these worthies as either the most venal deceivers or the most consummate fools! I sincerely hope, as Dr. Allen expresses it, that "all who have the future of homœopathy and of active therapeutics at heart" will lend their most efficient help to draw him from his present "position" and "status" where his feet seem to rest on such slippery places and tending toward that dark abyss which Prof. Bartholow calls "therapeutical nihilism."

The writer is free to acknowledge that in his own practice of nearly thirty years, so far as he has allowed any personal predilection or prejudices to influence his prescriptions, he has throughout preferred to treat his patients in all cases of acute disease with the lower preparations from the 1st to the 6th, thus ranking himself with those who are styled the "low dilutionists." In the majority of chronic diseases, however he has generally preferred to employ the 30th trituration of many of our polychrests, and some of his best cures in critical cases have been wrought with these "unreliable" preparations. Also, he is free to state that in not a few alarming and really dangerous attacks of acute maladies, he has obtained the most prompt and satisfactory results from the use of the 30th and 200th attenuations where the 3d or 6th attenuations of the same remedies have apparently failed to produce any favorable effect whatever. Is it reasonable to suppose that I am going to allow any man, with his mere scientific theories, or by his failure to produce a desired set of effects with experiments conducted on an utterly unreasonable and therefore unscientific and illogical basis, to convince me that the excellent results which so repeatedly followed the administration of carefully selected high attenuations, were really

no results at all, but were only "*ignes fatui*," mere chimera of my imagination? Does Prof. Allen for a moment suppose that his "definition of his present status" and his "appeal to the profession generally to assist in his work" will cause the conversion to his way of thinking or his method of practice, of a single member of the profession who is truly a scientific physician, with well cultivated powers of accurate observation and of logical deductions from facts observed? I am content that the course of events during the next few years should answer this question.

We give for the consideration and benefit of the younger practitioners in our ranks and of the students in our colleges one more extract from Sten's admirable work.\* Speaking of the homœopathic system of treatment he says: "It may be said here with justice that what is conditioned is annulled when the condition is complied with. For the unknown changes in the interior of the organism, or the so-called next cause, and the totality of the perceptible changes or symptoms, formed in one organic picture, stand in necessary rotation to each other like cause and effect: so that one can not exist, or radically disappear, without the other. From this it is apparent that this treatment deserves the name of causal and rational, in the fullest meaning of the word; because led by true, objective intellect, it eradicates the disease with the root. It is therefore a rational curative method, founded on experience, which satisfies the demands of *science* and *art*: of *science*, inasmuch as, free from all hypotheses, and based only on recognized facts, it carries out real causal cures, and therefore possesses as truly scientific, the fullest claim to rationality; of *art*, inasmuch as the cures are obtained in a certain, quick and easy manner. It is not merely scientific, because its leading maxim "*similia similibus curantur*" is explained ideally, and can be shown to correspond with already existing laws of nature, but because it shows the true objective relation of the remedy to the disease, and this creates a true objective knowledge. Such a max-

\* "Therapeutics of the Day."



im, found by repeated experiment, does *not require for its verification any explanation whatever*, showing its connection with other laws of nature, but only and *solely* that of *its own actual existence* as proved by experiments, just like the chemical and physical laws, and like these, it does not wish to be explained, but known, understood, and recognized. *Fools only* call such newly discovered laws incomprehensible, or even absurd, as they may be, perhaps, beyond the reach of their limited understanding, but are never against reason ; on the contrary, they are homogeneous and in accordance with it ; for facts and their laws are the very source of nourishment to the mind. You see this healing art is not directed against one or even a few more conspicuous and troublesome symptoms, as in the case with that art which I described in the first part of this work ; but as a truly causal and rational one, it possesses for a subject the organic picture, mentally developed from the totality of the symptoms ; and only blind folly, or the greatest ignorance, can call it a symptomatical one, being in its true actual formation, the very opposite to it. Truly, such weak-minded superficial observers, have not the least notion about the preliminary knowledge, the intellectual attributes, the conscientiousness and indefatigable care which such an organic treatment requires ; a treatment which gives even to the most trivial symptom its right place, knowing that it is the external manifestation of an internal action. For experience frequently confirms that a symptom which by many is considered accidental or only secondary, is often of the highest consequence, and gives, as it were, the most important hint as regards the treatment. For this reason, all symptoms, therefore, those also which can not be explained physiologically, are received in the picture of the disease and remedy—the subjective ones more particularly, because through them the more minute differences of the treatment are most characteristically stamped.”

In bringing this article to a close, the writer believes he can not give any better advice to the younger members of the medical profession generally, and especially in this regard does he appeal to

those graduates of the New York Homœopathic Medical College whom in years past he has had the honor and pleasure to teach from the chair of Theory and Practice, than to adopt without any mental reserve, and ever practically follow, the instruction given by the great St. Paul to the young preacher and theologian who had grown up under his own tuition—“O Timothy, keep that which is committed to thy trust, avoiding profane and vain babblings, and *oppositions of science falsely so called* ; which some professing have *erred concerning the faith*.”

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ICE TO THE SPINE IN EMESIS.—Dr. W. L. Davis reports (*Mississippi Valley Med. Monthly*) a case of vomiting in typhoid fever in which every remedy, even pellets of ice, was rejected by the stomach. He applied ice to the lower part of the spine in considerable quantities, and the vomiting instantly ceased ; a profuse perspiration followed. The use of ice was only persisted in when indicated ; and cool sponging was instituted with marked benefit, so that the ice was only occasionally required. Recovery in the average time took place.

CAUTION.—Patrons are requested not to pay money to W. H. Morrison, who, we are informed, has been fraudulently representing himself as connected with the house of A. L. Chatterton & Co.

Dr. E. A. Small, the veteran Professor of Practice in Hahnemann Medical College, Chicago, gave his farewell lecture December 24, 1885. He has earned the rest he now proposes to take, and has the well-wishes of all who know him, for a peaceful old age.

Dr. Charles F. Sterling, one of the best of our New York young men, is about to remove to Detroit. We are sorry to part with him, and can only hope that our loss will be his gain. The profession of Michigan will find him sterling by nature as well as name.

The Southern Homœopathic Society meets in New Orleans, March 9 and 10, when reduced rates on all roads should secure a large attendance.



THE  
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery, and  
Sanitary Science.* <sup>1</sup>

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

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*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE IERING.

THE Homœopathic Medical Society of this state held its thirty-fifth annual meeting in the Common Council Chamber, Albany, on Tuesday and Wednesday, February 9 and 10. In the opinion of those best competent to judge the meeting compared favorably with those of recent years. The attendance was larger than last year ; but when it is mentioned that there were only seven men from New York city, it will be seen how far below a proper standard of interest is the one attained. Prof. Henry C. Houghton was elected to the presidency. Prof. Samuel Lilienthal, and

others, were nominated for the Regent's degree ; and Prof. Henry C. Allen, of Ann Arbor, was elected an honorary member. Dr. John L. Moffat, who last year was elected secretary, and who is taking a trip around the world, sent a long communication from Ceylon, detailing the status of homœopathy in the East. The society sat down, with an emphasis which must have seemed well-nigh brutal to the victims, on the genial Terry and the rampant Paine. Several notable papers were read, the one best worthy of praise being by Prof. Schley. Five bureaux went by default ; a condition of things which should forever disqualify the chairmen for a similar appointment. Dr. Egbert Guernsey reappeared, after some years of absence. The bureaux of clinical medicine and surgery deserve especial commendation for their full and interesting reports. The bureau of materia medica made a poor showing for so important a department,—five promised papers *non est* out of seven. A very satisfactory number of additions was made to the membership. The treasurer's report showed the society falling under the bondage of debt, which can be provided for only by a material increase in the receipts. Members can hereafter publish their papers in the medical journals, if they wish. Prof. Biggar made a very pleasant impression on the society. The next meeting will be at Niagara Falls.

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THE members assembled tardily, and when the presidential gavel fell, at shortly after ten o'clock, not more than forty members were present. But each incoming train added its quota, and by mid-afternoon the number had increased to something over an hundred. The session was opened with prayer by the Rev. Father Terry. President Terry (who is not a reverend father) stated that to his formal address, delivered at the semi-

annual meeting, at Lake Keuka, he had only a few suggestions to add, but that he looked upon these as of prime importance, and that he hoped they would receive the favorable consideration of the society. He said in substance :

During the last year your legislative committee was kept constantly occupied in preventing the passage of a bill authorizing the appointment of a state board of examiners. They simply insisted upon a separate board rather than to be placed on a board in which we could have but a small minority representation. Our demands were so reasonable and the plan of the old school was so obviously that of limiting our influence, if not of destroying us as a distinct body, and furthermore it (the old school) was so unwilling to agree to our demands for a separate board or equal representation, that the legislature, unable to reconcile the differences between the schools, failed to pass any bill. This subject is the most important one for your consideration at this meeting. The law of 1872 is now in operation. Two boards are now organized, one from each school, in accordance with its provisions. Its defect is that the law is not compulsory. Our legislative body should be urged to make it so. The old school has pressed this matter, not so much, we fear, on account of its desire for a higher standard of education, as for the purpose of exterminating us as a distinct organization. The next subject in importance for consideration is in reference to the apathy manifested by a large number of our school in regard to the state society. The so-called high potency men are working more particularly in other social organizations, not realizing that they are tearing down the structure—the legal organization—which has given homœopathy its high standing with the state government and the resulting influence with the most prominent and intelligent people in the state. With only these social organizations our influence in legislative matters will cease. We must strengthen our county societies throughout the state, and in order to do this every homœopathic physician should be made an active member in his county society and a member of the state society. Massachusetts takes the lead in

liberty of opinion and action and our own state society need not be ashamed to follow its example. I recommend abolishing this requisite for membership from the by-laws : “ I hereby acknowledge that I believe in the law *similia similibus curantur*.” There is no just reason why any educated physician or one who has been regularly graduated should not be admitted into full membership unconditionally. Last year every asylum in the state, upon the recommendation of the state board of charities, received an appropriation except the homœopathic. Through the energy of our superintendent, however, the legislature, learning of the injustice of the state board of charities, voted promptly the necessary amount for the Middletown asylum. Some further action will not be amiss. The subject of the objection to the publication in the transaction of the reports of cases alleged to have been cured by drugs attenuated beyond the limits of scientific demonstration is eminently worthy of being discussed. Some limit should be put upon what are to be accepted as credible. This limit would be that point at which the drug, by successive dilution, disappears beyond the power of recognition by our senses, or by scientific analysis. It is, therefore, recommended that potencies above the twelfth be not recognized as homœopathic. We have now reached the tenth volume of our present series of the Transactions. It would be desirable to issue with our next volume a full index to all the volumes of this series. This could be done without any very great expense, and would make the large amount of valuable matter contained in these volumes accessible to all. A revised list of the membership of the society should be published in each volume of our Transactions, thus enabling any one, having occasion for such knowledge, to know exactly who are members in regular standing. In the line of progress it would seem best to somewhat alter our method of admitting members, and conform to the regulations of the American Institute of Homœopathy. That is to accept nominees into immediate membership, upon recommendation of the censors.

THE presidential address did not awaken any very manifest enthusiasm; the reasons wherefor became evident during the afternoon session. After the address, the minutes of the semi-annual meeting, at Lake Keuka, and the resolutions on the death of the late Dr. J. Savage Delavan, were read. The following committees were announced:

President's Address—Drs. Egbert Guernsey, Horace M. Paine, Thos. D. Spencer.

Credentials—Drs. Geo. E. Gorham, E. H. Wolcott.

Auditing—Drs. Everitt Hasbrouck, Geo. W. Winterburn, J. M. Lee.

Invitations—Drs. H. M. Paine, A. L. Wright.

Regents' Degree — Drs. Park Lewis, Geo. M. Dillow, E. D. Jones.

Chairmen of Bureaux—Drs. Henry C. Houghton, H. M. Dayfoot, T. F. Allen.

The board of censors nominated the following persons for permanent membership, and they were elected:

Russell F. Benson, Troy; S. M. Brayton, Buffalo; Walter R. Case, Poughkeepsie; Wm. B. Griffith, Attica; George G. Shelton, New York; E. V. Brown, Tarrytown; A. B. Norton, New York; J. H. Kearney, Oswego; W. E. Hathaway, Hornellsville; H. I. Ostrom, New York; N. M. Calkins, Rochester; A. M. Gammon, Corning; C. E. Campbell, Elmira; J. F. Barnard, Clyde; Catharine Walker, Fredonia; L. A. Bull, Buffalo; E. H. Wolcott, Rochester.

Prof. H. C. Allen, Ann Arbor, Mich., and Elias Vernon, Hamilton, Ont., Canada, were elected honorary members.

Dr. Edward S. Coburn, the treasurer, reported receipts \$927.23, disbursements, \$787.53, leaving a balance of \$139.70. The treasurer explained, however, that there were liabilities amounting to \$328, so that the actual deficiency was \$189.70.

DR. PARK LEWIS called attention to the fact that the Transactions have a very limited circulation, and that in consequence members are indisposed to contribute papers which have required great expenditure of time and thought for their elaboration. He believed that if members could have the privilege of printing their papers in the medical journals, that this would stimulate many to

prepare valuable essays, who are now apathetic, because a paper, presented under the present system of printing, was laid away in the secretary's desk for months, and then finally appeared in a badly printed and incorrectly reported transactions. The subject was referred to a special committee, of which Dr. Lewis was made chairman.

The following persons were placed in nomination for the several offices as specified:

President, Dr. Henry C. Houghton, of New York; first vice president, Dr. F. Park Lewis, of Buffalo; second vice president, Dr. F. F. Laird, of Utica; third vice president, Dr. Geo. W. Winterburn, of New York; secretary, Dr. Herbert M. Dayfoot, of Rochester; treasurer, Dr. Edward S. Coburn, of Troy.

Dr. Everitt Hasbrouck, on nominating Prof. Houghton for the presidency said:

It is desired to place in nomination for the office of president a gentleman than whom the roll of membership of this society has none more honorable, and whose name is synonymous with every thing that is good in man. One whose regularity of attendance at the meetings of the society for years past has been so uniform that the occasional absences which have occurred have brought the inquiry: "Where is he? why not here? is he ill?" This regularity has been accompanied by a constant geniality and unobtrusiveness of manner possessed by few. His voice, when heard in our debates, has always been fraught with wisdom; always loyal to the fundamental truths the society was organized to perpetuate; always on the side of justice and right. Search the records of this and other societies, and there will be found frequent contributions from his pen which bear the impress of careful observation, with pains-taking to place before those who are in general practice something that may be reliable when they essay to enter the domain of the speciality in which he has gained a well earned eminence. His loyalty to homœopathy; his fealty to its founder; his willingness to grant liberty of thought to his colleagues, requiring only that each perform duty with an earnestness of desire and fullness of light, are features

well known to all who know the man. These are some of the characteristics which the public has known and will know of him. It is unnecessary to say more than that his private life is in full accord with his public. Such without fulsome praise is the record of the member now presented. The society will honor itself if it unanimously honors Prof. Henry C. Houghton, M. D., of New York city, with an election to its presidency.

**PROF. SAMUEL LILIENTHAL** having been nominated for the Regent's degree, Dr. Horace M. Paine made a point of order. He stated that when the law of the state was passed, giving to the State Medical Societies the privilege of nominating persons for this degree, that it was the intention of the legislature to enable men who had not taken a regular degree in course, but who had led a long and useful career as practitioners, under the old system of county society licenses, to be able to write M.D. after their names; that it was never intended to give the degree to men eminent in the profession; and that this society had diverted it from its legitimate use. He, therefore, nominated two persons who had never graduated in medicine; but who had, through a long professional life, maintained themselves in good repute in the localities in which they lived.

Considerable discussion ensued. The law referred to is as follows: The society may annually recommend the names of four persons to the Regents of the university for the honorary degree of doctor of medicine; provided that the person so recommended shall possess good moral and professional standing, shall have attained the age of forty-five years, and shall have received not less than two-thirds of the votes of the members present at any annual meeting. In addition to the law as above, the society declared, at its annual session in 1875, that the degree should not be conferred except for special eminence. It was this rule that Dr. Paine now desired to set aside; but it was instead reaffirmed, and the ancient and respectable, but not eminent, gentlemen nominated by Dr. Paine, were left out in the cold.

**DR. EGBERT GUERNSEY** presented a report from the committee on medical education. He said he had forgotten all about being on the committee until a day or two since, and would only submit a few thoughts that had come to him. He spoke of the munificent gifts recently given to science in New York; hoped the time would come when medical boards would submit applicants for admission to more thorough examinations; and added that the millenium would be reached when each individual member turned to and did his utmost for the advancement of the profession. Dr. Guernsey's remarks were eloquently delivered, but failed of any appreciable effect on the assembly. Perhaps if he could have suggested some plan for diverting a few of these "munificent gifts" to homœopathic institutions he would have been listened to with less apathy. It would hardly be reasonable to expect an association of homœopathic doctors to enthrone much over gifts to "our friends, the enemy."

**PROF. HENRY C. HOUGHTON** reported two papers from the bureau of otology. The first of these was by Dr. William P. Fowler, of Rochester, on "Dulcamara as a Remedy in Catarrh of the Middle Ear." The gist of the paper was as follows: Dulcamara deserves mention as a remedy in catarrh of the middle ear. Though seldom indicated, it fills a place of its own, and no remedy acts more promptly. Except in the repertory of Houghton's "Clinical Otology," dulcamara is not mentioned in any homœopathic work on the ear. That it is so generally overlooked, seems to me remarkable. It has proved very useful in my practice, and six cases are reported to illustrate its action in aural catarrh. The trouble was sub-acute in five of these cases. Hearing was greatly impaired. Dulcamara, with inflation, cured. The sixth case was one of chronic catarrhal otitis. This patient was constantly taking cold. No benefit resulted from treatment until dulcamara was given, when the tendency to colds disappeared and hearing improved. Other remedies completed the cure. It is usually in cases of sub-acute



catarrh of the middle ear that dulcamara is indicated. There may be slight transient pain in and around the ear, usually of a twinging or shooting character—aggravated by moving the jaw; moderate congestion, dullness, and depression of the drum-head, and closure of the Eustachian tubes. The skin of the dulcamara patient is generally dry and inactive, and double work is thrown upon the mucous surfaces. The guiding symptom, however, in the selection of dulcamara, is the marked aggravation of catarrhal symptoms by every exposure to cold and dampness, and whenever the weather changes to cold and damp. Other remedies, notably mercurius, have this aggravation, but dulcamara gives the best results when this symptom is present in aural catarrh.

In the discussion Dr. Sterling called attention to the fact, already commented upon by others, that dulcamara is an uncertain remedy, sometimes fulfilling expectations, and sometimes causing keen disappointment. Prof. T. F. Allen spoke of some of the admirable results he had seen from the use of the drug in earache.

Dr. Houghton's own paper was entitled, "Tissue Remedies in the Diseases of the Ear," and will appear more fully in our April issue.

#### AFTERNOON SESSION.

THE afternoon session began at 2:30 o'clock, with a paper by Dr. A. B. Norton, of New York, in which was described minutely and very clearly two cases of defective vision, which he had treated. Dr. Norton also read a paper sent by Dr. Alton G. Warner, of New York, on "Phlyctenular Ophthalmia."

Dr. A. R. Wright, of Buffalo, read a paper on "Morbidity Reports," as chairman of the Bureau of Vital Statistics. He said that in England and France the collection and compilation of vital statistics was nearly perfect, while in this country not one-third of the States made any pretense at collecting and compiling such statistics. In this State Dr. J. Savage Delavan, now deceased, had done very much toward securing returns of mortality and diseases, but the system was not perfect. What returns we have are unreliable. What we want is a system that will give a true idea of the

prevalence of zymotic and inflammatory diseases and the proportion of deaths to the same.

THERE was a hush of expectancy when Dr. Egbert Guernsey rose to report for the committee on the president's address. The report was carefully written and eloquently delivered. The committee were evidently solid with the president, or the president solid with the committee, and it was impossible to tell which from t'other. The president had appealed to Drs. Guernsey, Paine and Spencer, and nobly and unanimously did they come to his support, but alas, the best laid schemes of mice and men are like the traditional Caucassian, and you can't always sometimes tell what a society will do with a committee's deftly arranged little report. Dr. Guernsey elected to test the metal of the society first with the proposition to erase from the requirements for membership a belief in the law of similars. He met a Waterloo, so instantaneous and overwhelming, that he let some moments elapse before he came up for the second round. Of course, he wasn't disconcerted, and the flush on the president's cheek was one of pleasure and satisfaction, but then some men never are disconcerted, even when they inadvertently step on the wicked and demoralizing banana peel.

Having recovered his breath, Dr. Guernsey appealed to the society to indorse Gov. Hill's onslaught on the State board of charities. Several members protested that this society had not the facts before it upon which a judicial opinion of the case could be based, and that while the board might be as bad as it had been painted, that this society could not safely follow the dictum of two or three men, and censure those of whom they knew so little. The matter was tabled indefinitely. We believe the president was right, and ought to have been sustained. The error was made in not presenting the facts more clearly, and in supposing that his mere recommendation would be sufficient for the society. The society passed favorably on the recommendations to index the Transactions, to print annually a revised list of members, and to elect members on the favorable report of the censors,

at the same meeting at which they were nominated, without requiring them to lie over for a year. The recommendation as to State boards of medicine were relegated to the committee on legislation.

Finally, the committee reported in favor of adopting the so-called scientific limit in medication. This was to exclude from the Transactions, as homœopathic cures, all cases reported as treated by the attenuations above the twelfth. A man might report cases treated with "full" doses of the potash salts, but if he alleged a cure of a flexed uterus with *lilium* 15, he was no good, utterly unworthy of belief, and a disgrace to homœopathy. Dr. Guernsey was asked by Dr. Bull what he meant by the twelfth potency, the decimal or the centesimal. The reply was, the usual Hahnemannian notation, the centesimal. Now the twelfth centesimal attenuation contains no medicine appreciable to the senses by any scientific test; neither does the eleventh, tenth, ninth, or eighth, and if a hard and fast line is to be drawn, the sticklers for the appreciable should go down into the region of physical perception, for there is no argument in favor of the twelfth centesimal that would not equally well apply to the thirtieth or the two hundredth. The Milwaukee test was on the decimal scale.

Dr. Paine delivered his annual speech. It is now looked forward to as one of the standard diversions of the annual meetings. Dr. Paine is sublimely persistent, and while in this matter we do not agree with him, we can and do admire his courageous and unconquerable attitude, year after year, in the face of a hostile and unsympathetic majority. This topic, which the Albany papers transmuted phonetically into "hypotency," has long been a craze with him, and he never hesitates to express his mind in the strongest of Anglo-Saxon; he has alienated from the society by his fierce outbursts of contemptuous denunciation, many of the best prescribers in the State; he has contributed almost countless pages to the Transactions which have had, in the opinion of more conservative men, a deleterious influence upon homœopathy in this commonwealth, yet those who underrate his services have not done, are not doing, and are not capable of

doing, half as much to make homœopathy a permanency in the state of New York. Had it not been for Dr. Paine, homœopathy as a legal entity, in this state, would have been wiped out long ago. *Palmarum qui meruit ferat.*

Dr. Brown, of Binghamton, of course, made the returnings. By general consent Dr. Brown always makes the reply to Dr. Paine's speech, which would lose half of its piquancy otherwise. Dr. Brown is one of the best sort of "free-thinkers," in that he is willing that other people should do some of the free thinking. His speech was a strong and noble plea for liberality and freedom.

Dr. Geo. E. Gorham, of Albany, made a very clever argument which was so plausible that while the members of the society knew he was supporting Paine, the newspaper reporters all thought he was siding with Brown. Dr. Spencer, of Rochester, asserted that when he first went into practice he had very little to do, and used high potencies exclusively, but that as he began using lower attenuations his business increased rapidly. Drs. Park Lewis and Bull, of Buffalo, spoke against the restrictive measure. Prof. T. F. Allen, of New York, declared that no scientific body could afford to limit investigation on any subject, and that to restrict the use of medicine to any given potencies was outside the province of any society. The resolution was tabled by an overwhelming vote.

DR. HERBERT M. DAYFOOT, for the bureau of obstetrics, reported a paper, by title, on "Mechanical Aids to Parturition, Non-Instrumental," by Dr. J. F. Atwood, of Brooklyn. Dr. Edwin H. Wolcott, of Rochester, read a paper on the "Management of the Third Stage of Labor," in part, as follows:

After the cord has been tied, and the child given to the nurse, follow the contractions, with one hand on the fundus, to prevent dilatation and hæmorrhage. After ten or fifteen minutes, make a vaginal examination, to ascertain whether the placenta is within reach; if it is, remove without delay, but if not, and the pains are now recurring regularly, and at short intervals, we may conclude that nature will do the work without our assistance. If on the other

hand, the cord is yet firm and unyielding, and there are no uterine pains, give the indicated remedy, and manipulate the fundus, to excite pain, and produce contractions. As the pains occur, make pressure, according to "Crede's" method, with one hand, and with the other gentle traction on the cord, not for the purpose of separation, for those who believe that the placenta can be separated by traction, must overestimate the strength of most cords that I have found in my practice, but to ascertain whether separation has or has not, taken place. If it has not, continue the manipulation and traction, ten or fifteen minutes more, which in nine cases out of ten will be all that is required.

The traction can be made in the easiest and most effectual way by means of the thumb, pressing firmly against the cord downward, and backward toward the rectum, after it has been wound several times around the fingers. We can trace the cord, with the thumb, nearly to the cervix itself, and then make the traction and pressure to a greater advantage, by being not only where we can conform more nearly to the axis of the womb and superior strait, but also much nearer the attachment of the placenta, by which we will have a stronger part of the cord and thereby secure greater power.

The placenta should not be delivered cord first, as it will so completely close the os uteri as to form a partial vacuum of the womb, thereby provoking hæmorrhage, and materially interfering with its own removal. Nature intended that it should slide down edgewise, to correspond with its position in the womb.

This has been my treatment in one hundred recent cases of labor, all of which has been followed with the most gratifying results.

Never have I had retained placenta, "post partum" hæmorrhage, or any other complication.

DR. GEO. W. WINTERBURN reported from the bureau on materia medica, an article by Dr. C. Judson Hill, of Utica, on the "Dropsy of Pregnancy," in brief:

As albumin is generally found to exist when there is dropsy connected with

pregnancy, we must not, in considering the treatment of this malady, lose sight of this fact: and, before prescribing, should assure ourselves whether there is albumin or not.

The treatment is governed wholly by this condition, and the physician should, (if the opportunity presents itself) always be on his guard, and make frequent examinations of urine, especially after the fourth month of pregnancy. If albumen is found to exist in the early months of gestation, the physician may be enabled by judicious treatment to remove the difficulty and pilot his patient up to and through the full term of pregnancy without any untoward event.

Albumin may exist without apparently affecting the general health; when this is the case, active medication is needless: it will be enough to regulate carefully the diet, and maintain in normal action the secretory functions.

Cases which are wholly due to pressure of the gravid uterus and its contents often continue to the close of pregnancy and pass through confinement without any serious difficulty. The avoidance of interference, therefore, and a watchful supervision of the case, embrace all that the physician is called upon to do.

It must be borne in mind that the disease is one of debility, and implies impoverishment of the blood, so that lowering treatment is usually out of place and tonics and a generous diet are rather called for. Occasionally some of the mildest diuretics may be exhibited, but their general use is of questionable propriety.

The indicated homœopathic remedies for albuminuria and dropsy are apis, arsenicum, belladonna, bryonia, cantharis, dulcamara, digitalis, helleborus, lactuca, helonias, mercurius, phosphorus, sulphur, apocynum, terebinthina, and others.

In the further condition of this subject, the author gave the views of, and treatment advised by, some of the most eminent authors of the old school, concluding with the report of some cases treated by himself.

"Prof. W. S. Playfair, M. D., London, says: "Saline diuretics, as acetate or bitartrate of potassa and watery purga-

tives, as the compound jalap powder, are most useful in promoting the urinary secretions and relieving the renal congestion. Dry cupping over the loins, frequently repeated, and the vapor or Turkish bath will aid greatly. The diet should be principally of milk and white of eggs, and a little white fish. The tincture of perchloride of iron with the tincture of digitalis acts well. The induction of labor must depend upon the gravity of the symptoms."

"Tyler Smith, M.D., London, Eng., believes in small bleedings where there is distinct lumbar pains and general febrile excitement, or cups to the loins, or sinapisms. Warm and vapor baths, aided by diuretics, as acetate of potassa, oil of juniper, infusion of broom, will tend to remove the effusion and cause the kidneys to act. With tonics, iron and a generous diet. Where the phosphatic diathesis exists, we require the mineral acids, opium and rest."

"Prof. S. Tarnier, M.D., Paris, *Annales de Gynecologie*, Jan., 1876. At Maternité has for some years treated albuminuria entirely by milk, and with most excellent results. One litre, ( $1\frac{3}{4}$  pints) of milk, increased to three and four litres a day, are given, and the albuminuria rapidly diminishes or disappears. The effect is usually shown in a fortnight."

"Prof. M. A. Pallen, M. D., New York, regards as the correct treatment, the relief of the hyperæmia of the kidneys by sponging the surface with hot water and alcohol, and by keeping the pores open with vaseline inunctions; to this may be added the hot air bath, or Turkish bath. Milk is given as the most digestible food; kurmiss was added because of the very slight amount of alcohol, and was easily digested. The patient is to be kept in bed, to maintain the skin at a uniform temperature. Massage stimulates the circulation and equalizes the blood current. Cathartic water is best aperient. If eclampsia is threatened, have recourse to chloroform and bleeding."

"Prof. W. Leishman, M. D., Glasgow, says antiphlogistics must be used with caution. Baths are useful by promoting the functions of the skin."

"Prof. Edw. S. Dunster, M. D., Ann Arbor, Mich., suggests in albuminuria,

the relief of the congestion of the kidneys by causing the skin to act; he gives bitartrate of potassa, compound jalap powder, citrate of magnesia, and sulphate of magnesia acidulated with sulphuric acid, and the natural mineral waters. He promotes diaphoresis by the vapor and hot air bath, or Turkish bath if accessible. Vichy and seltzer waters are well borne. Cupping, wet or dry, over the kidneys, particularly, when there is pain over it, and the urine is scanty or smoky. A hard bounding pulse, severe pains in the head, flushed and hot skin may be met by venesection, though in many instances saline laxatives, freely used, will overcome these symptoms.

Counteract the impoverished state of the blood resulting from the loss of albumin by good nutritious food, fresh air, and tonics—generally white meats and fish are well borne. Milk is an excellent diet. Tincture chloride of iron largely diluted is the best tonic, but should not be given to the extent of blackening the fæces. Quiet the nervous and digestive disturbances by complete regulation of the habits and mode of life, and an out door life, short of fatigue, constant and cheerful occupation for both mind and body. Avoid opiates, but give nervous sedatives or soporifics that are non-constipating, as chloral in severe cases. The bromide of potassium and the bromide of camphor are useful. They ameliorate the condition, and give considerable immunity against convulsions at the time of labor. For the loss of appetite and constipation, pepsin, bismuth and nux vomica are serviceable. Premature labor is to be induced when all other means fail."

"Dr. Henry S. Coe, New York (*American Journal Obstetrics*, Oct., 1878), says that when albumin makes its appearance early in pregnancy, there are three important indications to be met: (1) to eliminate the poison as far as possible; (2) to support the patient; (3) to allay the nervous tension, and guard against exciting causes. In the first, acetate or some other of the salts of potassia, with digitalis, acts favorably upon the kidneys, and diminishes the quantity of albumin in the urine. Much



of the poison can be eliminated by the action of saline cathartics upon the bowels. The second is best met by a liberal diet, tonics and iron. To meet the third, absolute rest and quiet are necessary, with the use of opium and bromide of potassium, if an outbreak of convulsions or other paroxysms is threatened. When there is much cerebral disturbance, the application of ice to the back of the head and upper part of the spine answers an excellent purpose. Convulsions are usually preceded by a rapid accumulation of uric poison in the blood and a scanty secretion of urine, and often the patient is attacked with only a slight premonition of coming disaster. In the treatment of these cases, he has found that sulphate of morphia, injected hypodermically, answers the best purpose. He never was able to get satisfactory results from bleeding or the use of chloroform.

"Prof. J. B. Foussagrives, M. D., Paris, considers it doubtful whether any direct means are available to combat the superabundance of albumin in the serum; but indirectly much can be done by regimen and diet. One of the most important points is to keep the bowels soluble by laxatives; constipation in such cases must be sedulously avoided by means of alkaline purgative waters, in doses sufficient to act moderately and no more. Whether the diet recommended in Bright's disease should also be adopted in the albuminuria of pregnancy, remains an open question. Often, by attention to the bowels and general regimen, no such means need be resorted to."

Dr. Hill's interesting *resumé* of the opinions of Professors Braun, McLane, and Polk on this subject will appear in our April issue. The author's own six cases, in our opinion, teach nothing as to proper therapeutics. The prescriptions, as far as could be discerned from the paper, seemed to be based on the happy-go-lucky style, which we have so often condemned in these columns.

DR. GEO. W. WINTERBURN read a paper on the "Materia Medica of Ascites," in which he said: Ascites being a condition and not a dis-

ease, it has no true materia medica. This condition may be caused by degenerative changes in the peritoneum, by obstruction in the portal circulation, by diseases of the heart, kidney, liver, spleen, lungs, larynx, or be consecutive to intermittent fever, the cancer cachexia, or other morbid states. Several of these causes may exist in any given case, and great difficulty be found in tracing the genesis of the disorder. In selecting the proper remedy in any individual case, it is, therefore essential to examine minutely the condition of all the viscera which might be involved as part-cause in the production of the leaking of the blood-serum into the peritoneal cavity. From this it is evident that the materia medica of ascites contains every remedy upon the general list. And, on the other hand, it cannot be said that we have any homœopathic remedies for ascites, for as far as known to me, no drug causes ascites as a definite factor of its pathogenesis.

Our cures of ascites are purely empirical, as far as that condition is concerned. The prescription to be homœopathic must be based on symptoms exterior to the peritoneal sac, and not dependent upon its contents. This fact has led to the use of a wide range of remedies by homœopaths, a range so wide indeed as to include such dissimilar drugs as apis and iris, cepa and erigeron, digitalis and cantharis, drugs nevertheless which are capable of achieving the most marvelous results when homœopathically indicated by the concomitant conditions.

The chairman of this bureau has set me an impossible task. A materia medica of ascites can not be constructed, in the present state of our knowledge. The best that can be done is to mention those drugs which clinical experience has demonstrated to be useful, and to give under each heading the more probable conditions under which it may prove homœopathic.

*Sulphur.*—In beginning the treatment of a case of ascites probably no remedy is so generally useful as sulphur.

The patient has probably been suffering from some organic disease for some time; the abdomen begins to swell, and distress is thereby caused; and it is for the removal of this symptom that the

patient applies for treatment. While the patient is anxious to get rid of his dropsy, and looks upon that as the principal part of the disease, and in fact as the only one of particular importance, we can not keep too clearly before our minds the remembrance that with the dropsy we have really nothing to do, that it is merely a secondary condition, which will disappear as soon as that viscus, upon whose disordered action its existence depends, has been relieved from the incubus of deranged functional action, initiated by some still more remote morbid influence.

Now while sulphur contains in its pathogenesis not a hint of any ascites-making power, the rumblings and gurglings, the pressure, fulness, and tension, all being due to intra-intestinal disturbance, yet its profound influence over organic life makes it often, if not homœopathic in the strict sense, yet the one remedy of all others capable of arousing that vital reaction upon which cure ever depends. Dr. Wurmb, of Vienna, thus states the basis of its value in this and other exudations: "Sulphur penetrates the entire organism even in its finest and most recondite portions. It increases the activity of vegetative life generally, and of the processes of secretion and absorption in particular. It accelerates the interchange of elements and makes it more pervading; in a word, it fulfills all the demands upon which the removal of pneumonic infiltration, of serous exudations, and of old as well as recent deposits in the skin, the parenchyma, the joints and the bones." It would be, however, a mistake to prescribe sulphur merely as a routine drug. If the symptoms in the case at hand are not found under sulphur, I should hardly expect curative action to follow its administration, but should then search for that remedy which was most clearly affiliated to the case. It will often happen that a remedy so selected fails to awaken the anticipated vital reaction. In this case a single dose of sulphur may start the wheels in motion, or cause the development of new morbid phenomena, by which the drug demanded by the system may be made known.

*Arsenicum*, next to sulphur, is probably of most frequent service. When

indicated by the concomitant symptoms, it will be found useful in post-scarlatinal cases; in complication with heart disease, liver derangements, and other visceral disorders; and in the ascites of drunkards. Though a useful remedy, it would be unwise to overrate its power in ascites. Of all the forms of dropsy arsenicum has least influence in intra-peritoneal effusions; still, as there is in so many cases, an intimate connection between ascites and obstruction of the portal circulation, and as arsenicum exerts a profound influence here, it becomes, in such cases, a remedy of the first order. The action of arsenicum upon the heart is still more profound. Besides various functional disorders, associated with præcordial pain, anxiety, and dyspnœa, it causes endocarditis, hypertrophy, and granular and lardaceous degeneration. Although general anasarca is the more common form of dropsy resulting from these cardiac lesions, yet ascites as a primary consequence does occur, and here arsenicum may prove an invaluable remedy when denoted by the feebleness of cardiac impulse, and general symptoms of prostration, arising from dilatation or valvular mischief. Again, arsenicum causes tubal nephritis and granular degeneration of the kidney, a condition which many authorities consider secondary to tubal nephritis. In either the acute or chronic condition dropsy is likely to result, and though ascites is the least common form, and the least apt to be benefited by arsenicum, it will occasionally be strongly indicated by the concomitant symptoms. As is well known, arsenicum is a valuable antidote to chronic alcoholism, and more than once it has caused the removal for me of an ascitic effusion in elderly and degenerate topers. The influence of arsenicum in ascites then may be summed up as: Whenever tissue-degeneration in any of the principal viscera is associated with urine scanty in amount and infrequent in discharge, containing albumin, renal epithelium, waxy or granular casts, and fat-globules, with trophic debility, pale countenance, and constant thirst, some one of the salts of arsenic or the liquor potassæ arsenitis may be indicated. I say *maybe*; for while, as a matter of investigation, it is proper to specu-

late on the probable mode of action of the elements of our *materia medica*, in the presence of disease I should follow the method of Hahnemann, in selecting the appropriate remedy, without a thought as to its supposed pathological inherency to the morbid state to be treated. In ascites arsenicum acts promptly, if at all. Should no effect be noticed, after a few doses, it would be useless to continue its administration; but if arsenicum is the true *similimum*, often the first dose will be followed by increased urination, and the consequent relief of the more annoying symptoms. It is doubtless true that ascites following upon anasarca, or even hydrothorax, is more amenable to arsenicum than this disorder occurring as a primary dropsy; nevertheless, I never hesitate to use it when nervous restlessness, sudden sinking of strength from slight causes, violent thirst easily quenched, and burning sensations and pains in various parts, form the outlines of the pathognomonic picture.

*Apis* acts with great celerity, in ascites caused by, or remaining after peritonitis, and in that very rare form, the post-scarlatinal; but it can not do here what it does in the various oedematous conditions of the mucous and cutaneous surfaces. Over those forms of ascites caused by portal stagnation, cirrhosis of the liver, cardiac degeneration, and lung affections, it has either no influence, or merely a palliative and temporary one. If ascites, as is claimed, is sometimes a primary peritoneal disorder, arising from exposure to damp and cold, the irritant action of *apis* upon the serous tissues, and its ability to set up a condition of Bright's disease of the kidney, make it a very hopeful remedy in this acute febrile form. I have never seen such a case; but I can imagine that a peritoneum already tending to an abnormal state by the presence of congestion or inflammation in the neighboring uterus or ovary, might feel thus the effects of an exposure to inclement weather, an effect, which resulting in increased functional activity of the epithelial cells, might lead on to effusion. It would seem as if ascites had in isolated cases been caused in some such way.

*Apocynum cannabinum* seems to have a more direct relation with ascites than

most of our so-called dropsy remedies. As in a few other of our vegetable remedies, the infusion acts better than the tincture, and if the dilution required can be prepared from this extemporaneously all the better.

Apocynum acts best in ascites due to torpor of the kidneys associated with a like condition of the sweat glands. In organic disease of the kidney it has only a temporary and palliative effect, and if the attempt be made to push it in large doses, as is occasionally done, it will prove actually deleterious. In ascites from cardiac disease it will perhaps decrease the amount of intra-peritoneal effusion, but can not reach the real source of the disorder. The apocynum patient has many symptoms resembling the case demanding arsenicum. Thus there is restlessness with debility, violent thirst, oppression and dyspnœa, and scanty urination; but apocynum not only covers a much narrower therapeutic range than arsenicum, but the restlessness is not so uncontrollable, the debility is not so profound, the thirst is not so urgent, and the dyspnœa is less alarming. Apocynum is rarely indicated except when the skin is unduly dry, and, generally, as the first evidence of its curative power the skin becomes moist, and this may (under the *potentised* drug) go on to actual diaphoresis.

*China* is the prince of remedies when the ascites is caused by an impoverished state of the blood, whether this arises from actual blood loss, or from the inability of the digestive apparatus to reduce the food to an assimilable condition or, from lack of trophic power of appropriation. This anæmic condition is almost necessarily associated with functional disturbance, or organic changes in the liver or spleen, and this is an added reason for the use of this drug. China is of most service in cases of ascites occurring in elderly persons, or persons prematurely aged by excesses. In ascites following parturition, or consecutive to prolonged retention of the fæces, or associated with jaundice, china is a hopeful remedy. Just how much good might be expected from china in ascites appearing as a consequence of living in a malarious climate, I am unable to say, as the intermitting complaints

we are called upon to treat in New York never in my experience call for the use of china, unless they have already been drenched with quinine, and very rarely then.

*Helleborus* congests the kidneys; a condition subsequently followed by inability to perform their functional duties. It seems best suited to suddenly occurring dropsies, and to melancholic, epileptic, and scrofulous persons. The mental symptoms will indicate the remedy in those cases which demand its use. These are thus described by Hahnemann, in a foot-note to the proving: "I conclude from various observations, that stupor, blunting of the general sensibility, a condition in which, with unimpaired vision, the patient, nevertheless, sees imperfectly and does not regard the object he sees; with the apparatus of hearing intact, yet hears nothing distinctly nor comprehends; with his organs of taste in working order, yet finds not the proper taste in any thing; is always or often distraught, hardly remembers, if at all, the past or what has just happened; has no pleasure in anything; slumbers but lightly, without a sound or refreshing sleep; undertakes to work without having power or strength to attend to his work,—these are the characteristic primary effects of hellebore." The choice will often have to be made between *helleborus* and *arsenicum*; the former will be needed when the mental attitude is one of stupor, the latter when nervous erethism drives the patient to aimless restlessness.

*Chimaphila* has shown a relationship to the remote effects of scrofula. In its primary action it stimulates the kidneys and causes frequent urging to urinate. In several cases it causes greenish urine, but this may be only the result of elimination of the drug through the kidneys. In ascites consecutive to Bright's disease, when the urine is scant and contains a large quantity of muco-purulent sediment, *chimaphila* may be of service. Obstinate constipation and anorexia seem to be reliable concomitants, especially in constitutions broken down by intemperance. When urination is painless, or of ordinary frequency, this drug is not indicated; in fact, vesical irritability is a constant accompaniment of

the renal disturbance. *Chimaphila* cured a case of ascites with *anasarca*, in which *apocynum* had been of benefit, but did not cure. *Kalmia* and *rhododendron* are therapeutic analogues.

*Colchicum* is a probable remedy for ascites in the gouty diathesis; especially in those cases in which severe physical depression is accompanied with unaltered mental lucidity and alertness. Here, as in *chimaphila*, there is apt to be vesical irritability, and this may go on to strangury with bloody, ink-like urine. The patient is very sensitive to changes in the weather, and is always worse when this is damp, and also in the autumn and spring. Dr. McGregor reports a case in an old lady of 85, with great swelling of the lower part of the abdomen, causing a fold or crease below the umbilicus, and extending across from side to side. *Colchicum* follows well after *lycopodium*, and is followed by *carbo vegetabilis*. It has cured cases after the failure of *apis* and *arsenicum*.

*Erigeron* has a powerfully destructive influence on the kidney, and is thus a useful drug in some varieties of Bright's disease. How far this knowledge of its action may be of benefit to us in the treatment of ascites is yet to be determined; but when this disorder is associated with bleeding hæmorrhoids, congestion to the head, suppressed, or strong smelling, urine, and a general hæmorrhagic tendency, *erigeron* is probably homœopathic.

*Dulcamara* is of doubtful applicability in this condition, though its alkaloid—*solania*—has produced hyperæmia of the kidney, with albuminous urine. Its acknowledged power in controlling the influence of damp cold on the human system, may make it homœopathic in those cases of primary ascites due to engorgement of the kidney, caused by this untoward influence. Vitiating states of the blood, which are benefited by increasing the activity of the secretory apparatus, are amenable to the influence of this drug; but it can hardly be claimed as one of the important remedies in ascites.

*Lycopodium* renders the processes of digestion and elimination slow, and they are but imperfectly executed; whence come accumulations and the accom-



panying aches and pains. The mental processes are also indifferently performed, especially those that concern every day affairs; but the mind is not actually weakened, for as soon as some important subject is broached, it becomes alert, takes cognizance of the new topic in all its aspects, and grapples with the emergency with energy and enthusiasm. In the lycopodium case the hepatic region is very sensitive to touch and motion, flatulence abounds, and a feeling of tension around about the abdomen is a usual and an annoying symptom.

*Asclepias tuberosa* has much less influence over effusions into the peritoneum than of those within the pleura, where its influence is almost specific, and it will probably not cure ascites. But the *a. syriaca* is a potent diuretic, increasing the solid constituents of the urine as well as the watery portion; and where suppressed perspiration has caused renal inflammation, and thus induced ascites, this remedy may prove even more available than apocynum. Headache is an important factor in the asclepias case.

*Bryonia* is of less value in ascites than in hydrothorax, but Lilienthal recommends it here when the effusion is associated with congestion to the head, giddiness after stooping, loss of breath when moving in the least, great thirst with scanty urination, and obstinate constipation.

*Digitalis* is useful in ascites from an irregularly acting and weakened heart, with lividity and jugular fulness. Cyanosis is ever a prominent indication for this drug.

*Kalmia* is of superior value in rheumatic affections of the heart, especially when associated with albuminuria. Ascites occurring in a rheumatic subject, when the heart has been impaired, and a large percentage of albumin is transuded through the tubuli of the kidneys, would be benefited, and probably occasionally cured by kalmia; but the prognosis is necessarily grave, and well indicated remedies often, instead of curing, seem to accelerate the downward course of the patient.

*Ledum* may be serviceable in ascites associated with the gouty diathesis. A prominent symptom is constant chilliness, though at midnight there may come a sense of suffocation and of heat, the

patient throwing off the bedclothes, and becoming very restless. The ledum patient is morose, discontented, and displays a peculiar intensity of feeling on any topic upon which his attention may be momentarily concentrated.

*Mercurius* through its pervasive influence upon the liver and other viscera, and the power it possesses of restoring their functional integrity when not too seriously impaired, and if even in some cases reversing morbid metamorphoses, is often of great service in the treatment of ascites. There is, when mercurius is indicated, very little thirst, the abdomen is tense and hard, the urine is scant, turbid, and albuminous, the skin is clammy, and the physical prostration profound and death-like.

*Sepia* markedly diminishes the quantity and increases the specific gravity of the urine. It also produces portal stasis and all the prominent symptoms of torpid liver. This should make it of value in cases of ascites possessing prominent characteristics of sepia, but I do not know of its ever being so used.

*Eupatorium perf.* and *Iris* are drugs having considerable power over the liver. The former is analogous to bryonia, but the patient is restless. *Iris* has been called the vegetable mercury. It influences the pancreas, however, much more markedly than does mercury, and indeed more than any drug on our list. Ascites with salivation would point to iris as a probable remedy.

*Senecio* is of undoubted value in dropsy occurring after suppression of the menses. Prof. A. E. Small reported a case of ascites benefited by senecio after apis and apocynum had failed. Senecio has also cured cases caused by renal inflammation, where it seems to be a remedy of real value. The characteristic symptoms have not been very definitely determined, and its use has been largely empirical, but sleeplessness, hysterical nervousness, and mental irritability seem to be prominent factors in its pathogenesis.

*Helonias* is useful in uterine and stomacheic atony, and in dropsies following uterine hemorrhage and associated with gastric torpor, or concomitant with chlorosis, has shown curative power.

*Convolvulus* differs from helonias in

having a good appetite. The patient would eat more if he had room, but the abdomen being full of water acts as a restraint. This is a very different condition from the iodum voraciousness. In the convolvulus case the urine is scanty, the bowels constipated, and muscular strength deficient.

*Asarum* may be of service in cases caused by alcoholism. Its general symptoms are chilliness, dullness of the special senses, and myalgia in those parts where muscular tissue is plentiful.

*Fluoric acid* is usually beneficial in cases dependent upon the hob-nailed liver of drunkards; *manganese*, when with irregular action of the heart, the cardiac sounds remain normal; *lachesis*, when the urine is not only scant, but black; *kali carbonicum*, when sharp stitching pains in various parts are associated with violent palpitation of the heart and a feeling of coldness in the abdomen; *asparagus*, when a wax-like appearance of the face is associated with a yellowish, offensive urine.

DR. GEORGE M. DILLOW, for the bureau of histology, read a paper by Prof. J. Montfort Schley, of New York, on "The Great Prevalence of Nephritis, as Shown by the Microscope." This paper was illustrated by beautifully colored drawings, and was a scholarly and earnest appeal for a more thorough study of diagnosis. It was by far the best paper of the entire meeting, and we shall endeavor to give in the next number of the *HOMEOPATHIST* a fair *resumé* of it.

#### THE EVENING SESSION.

THE evening session was opened by an admirable address by Prof. Biggar, of Cleveland. Prof. Biggar is a man of noble and commanding presence, and his address was listened to with much pleasure.

About the subject Medical Progress, he remarked much has been said and much has been written. Medical progress may be defined as being that force which directs all forces relating to medicine into channels of human advantage, or, in other words, the increase of human happiness. This is effected through the various avenues which belong to, or are accessories of, the healing

art—as what may legitimately belong to the physician, to the surgeon, to the gynæcologist, to the specialist, and we must include the hygienist and the scientist. The increase of human happiness is well shown in the increase of human life. Summarizing the results of statistics we note that there has been a steady decline in the mean death rate per 1000 living from 23.3 in 1838 to 19.6 in 1884.

Taking the mean death rate for the forty-five years from 1838 to 1883 as 22.0 per 1000 living, the improvement within each of the past four years has been considerable: In 1881, it was 18.9; in 1882, 19.6; 1883, 19.5; and in 1884, 19.6.

This means that if the death rate of the previous decade, which was 21.4 had been maintained, the deaths in England and Wales during the four years in question would have been nearly 213,000 more than they actually were.

The life of a thousand persons is now equal in duration to that of 1070 persons previously, and 1000 births will now keep up the growth of our population as well as 1070 births used to. This is equivalent in results to an increase of our population, and in the best form: in not more births, but by fewer deaths, which means fewer maladies and better health.

To the healing art all sciences are tributary, and in it every power of the mind is exercised.

May we glance cursorily at some of the progressive tendencies of this glorious profession.

The introduction of anæsthetics, ether, chloroform, nitrous oxide gas, hydrate of chloral: the chasm of pain has been bridged. What relief to suffering humanity has followed the use of cocaine.

The treatment of wounds by such thorough care and cleanliness, the results so kind and healthful. The preventing of contagion in wound dressing by washing the hands with a weak solution of washing soda, and the thorough cleansing of the nails; the care of the instruments with carbolated water; the washing of the parts to be operated with any searching disinfectant; the dress-

ing of the wound with that most excellent of all dressings—carbolated glycerine in the proportion of one to eight; the drainage; all these have assisted in healing rapidly, healthfully and satisfactorily.

Antisepsis in hospital produce, as in the use of wood-flour disinfected with corrosive sublimate, and having mixed with it powdered naphthaline made into pillows for use as dressings, thus preventing erysipelas.

The abolishing of sponges, and substituting borated absorbent cotton.

The use of hair sutures, also buried cat-gut sutures. Puerperal fever in its prevention by the use of thymol, or the good results of treating the disease by *veratrum vivide*, *eucalyptus*, Chamberlain coil and the washing out of the uterus with Chamberlain tubes.

The treatment of fractured patella, and entering the knee joint, and others, without anchylosis.

The wounds of the intestines with Lemberts' suture and Gely's modification, using decalcified tubes when suturing the intestines. The success of internal œsophagotomy. Opening of spinal abscesses in the lumbar region and the advantages of thus draining them near their source and making direct treatment to the seat of caries.

Flemming's expanding rubber bag for cervical caries. MacEwen's ostrotomy for genu valgum. The treatment of cancer of the rectum by Esmarch's method in place of the palliative and tentative measure of lumbar colotomy.

Furmaux Jordan's method of amputating the hip, with its great success. MacEwen's trephining the skull and incising the brain for syphilitic epilepsy. The surgery of the kidneys and particularly the case of Mr. Greig Smith, who fixed a moveable kidney by scratching its capsule through the loin. Cervical lacerations when necessary for an operation and when well done, of such great benefit. Perineal lacerations and the perfect and complete restoration of the perineal body and adjacent parts. The revival of supra-pubic lithotomy as perfected by Peterson, of Kiel, adopting the beveled shape incision through the muscular wall as suggested by Von Antal. Bigelow's lithotripsy. Tumors of the

breast and the cures of malignant disease by thorough and complete extirpation by the knife. The subcutaneous method of removing tumors of the breast. Papayoteria. Walsham's trephining for traumatic epilepsy, recording eighty-two cases with forty-eight cured.

Gangrene of lung treated successfully. Nelaton's splitting up the palate for removal of naso-pharyngeal polypus. Gastrostomy and jejunostomy. Eye and ear surgery. Orthopædic surgery. Progress in diagnosis. The radical cure of hernia. Heaton's method improved by Warren. The method of Bell, of Dublin, who twists as well as ligatures the neck of the sack. Abdominal surgery of women. Battey's operation for removal of ovaries. Tait's for removal of ovaries and fallopian tubes; for diseased ovaries; for hydrosalpinx, hæmato-salpinx, or pyo-salpinx. The necessary and skilfully devised surgical instruments.

Progress in physiology and pathology. The clinical thermometer, microscope, stethoscope, ophthalmoscope; the laryngoscope, sphygmograph, cardiograph, and hæmacytometer. Cholesystotomy. Specialism with its well earned laurels.

A very decided evidence of medical progress is the successful efforts in the preventing of disease, as well as the curing or relieving of it. Medicine has demonstrated its curative powers in the most formidable and fatal of diseases. Is not this a glorious showing?

Have we not progressed? Look at our present position and standing, not only with communities, corporations, municipalities, but the position the entire nation accords to us. Are we progressive? Count our collaborators, behold the brilliant minds and distinguished men who are enlisted with us. Examine the workings of our colleges now, and with England forty or fifty years ago. Go into our many well constructed hospitals. 'There are now in the United States 4 sectional medical societies of our school of medicine; 29 state societies; 102 local societies; 21 medical clubs; 6 miscellaneous medical societies; 25 general hospitals under homœopathic control; 30 special hospitals and 50 dispensaries; 13 medical colleges and two special schools. We have now 19 homœopathic journals. The class

of 1884-85 numbers 1084 medical students and of these there were graduated in the spring of 1885—365.” The value of hospital property in the United States exclusively homœopathic is nearly \$4,000,000. The number of patients admitted to hospitals last year, 11,331 ; the number of patients treated for the same period at dispensaries nearly 100,000, and the number of prescriptions given nearly 300,000.

The value of medical colleges, including buildings, grounds, and appurtenances, upwards of \$1,000,000.

As such strides have been made, much must be done in the future. We must have more competent doctors and our colleges must be more thorough. We must individually exert ourselves to improve—we must be workers, mental athletes, must be ambitious.

Little does the casual observer think while witnessing a brilliant and successful operation of the hours spent in the dissecting room, of the days of toil, the nights of study and the years of experience which were educators.

The tendencies of this age are onward. Wonderful has been the advance of medicine and surgery.

We have embraced a system which has had struggles—a system which now finds exulting life while many systems have perished. It is worthy of our fervent aspirations, and has many fields for our industries and many inducements for our skill.

Yes, we have a noble and magnificent science—a science that has winged its flight successfully, yes, triumphantly.

**D**R. T. L. BROWN, of Binghamton, read a very interesting paper on “Dynamization and Force,” in which he said in part: Have we the knowledge, why and how certain elementary forms of matter combine to produce a human being? By such dynamic combinations health of body and mind are continued for definite periods. Do we know, why or how animal, vegetable and mineral poisons disease the body and mind by dynamics peculiar to each? We are compelled to acknowledge results we call life and death, yet can we define either, only as objective and subjective phenomena.

The forms and dynamics of the most minute portions of matter, which alone sustain us as individual beings, are at present beyond thought, and become the sole property of logic and reason, based on inductive conclusions drawn from what we do know of common motions of perceptible forms.

As after death we are put beyond thought, so in life those combinations of elements amounting to involution, which sustain us in health are actually unthinkable. That we can come to some logical and practical results has been established by our prolonging life and removing much we know of disease and pain. Just what remedies can do with potencies beyond thought, toward producing or removing disease is not yet thinkable any more than the how or why hydrogen and oxygen unite in definite proportions to produce water. We know there is water. Yet why it takes such a form is not a matter of thought. It is a matter of water. It is the same with the effect of potencies in their dynamics beyond thought. It is peculiar to the kind of remedy used and the condition of the patient. Why ipecacuanha produces constant nausea is not thinkable. Nor can we know why it relieves similar nausea when produced by other causes. That too is a dynamic peculiar to ipecacuanha. Each remedy has its peculiar dynamic, and by testing we learn its indications as curative in disease. Both health and disease seem under the timely influence of naturally potentized forms of matter, in distinct relations, governed by dynamics. Just the part of dynamic involution the potencies of our remedies play in restoring these necessary relations of material, in preventing or curing disease, is only observable in results by repeated similar testing. There is no doubt a limit to potency and dynamics as to its utility in individual conditions of disease. To know this limit before repeatedly testing the potency is impossible. To know when to give the remedy, and in what potency, and when to discontinue it, are three points we can not know too soon in any case of disease. Cures result all along the line of remedial dynamics, from the perceptible to the imperceptible quantities of a remedy. It is my opinion



the most curative and efficient dose must be so minute in form that it will not disturb the dynamics of disease but for the shortest possible time. No medicine is better than too much. Just enough is the true physician's choice. Involuting quantities for the dynamic construction and health. Evoluting quantities for the dynamics of destruction and disease. In certain quantities the dynamics of remedies can do both. The constructive dose for involution is in quantity equal to the smaller forms that unite to make up our white and red blood cells. Such quantities are beyond the microscope, yet not smaller than the chemical or mechanical combinations of the fourteen elements of which we are composed. The limit of quantity so far as cause and cure of disease are concerned is not equal. It takes more medicine to produce disease than to cure it.

That physician who declares the 30th potency incapable of curing diseases because he cannot produce symptoms on a healthy person with it, forgets that the sick are many times more sensitive to the dynamics of the true homœopathic remedy than the healthy. Is it wise and truly scientific to discard any potency until fairly tested according to the condition of the patient and the law of Similia?

When a physician says "the less medicine the better," and at the same time leaves a twenty years experience with the 200th dilution, in a successful practice, and recommends the 3d dilution as preferable and more scientific, where can we see his consistency, logic, or chances for better success? And when he says "the next battle-ground will be between medicine and no medicine," is he in a fair way to decide against medicine and in favor of *no medicine*, by increasing his dose from the 200th to the 3d dilution?

We are not a high or a low dilutionist. We have fully decided that we all actually need both high and low dilutions in daily practice. Many physicians in our schools are pronouncing against dilutions and potencies they never tested, while they know but little by just comparisons about the relative value of those they now use. We are opposed to

partisan reports as they are always more or less misleading and not reliable. When we know the relative susceptibility of our patient to the different potencies, we can prescribe more to the advantage of our patients and our own success. Every disease has its limit and results in death or recovery. Just so with each remedy according to the potency and the condition of the patient. No physician can make himself popular or good by condemning any unknown strength or potency of a medicine. When that physician commences guessing we should at once begin to doubt his conclusions. The only want of success in our daily prescriptions is our want of knowledge as to the difference in the susceptibility of each patient to the potency of the indicated remedy.

Never condemn a potency until we know just what potency will serve all patients the best.

It is this want of knowledge which has set the high and low dilution factions into personal dispute, which can not settle the question.

We test both high and low dilutions as a matter of success and correct education.

Both factions are right when they use all the range of dilutions and potencies. The ensemble of symptoms and the susceptibility of the patient when well understood, brings all true homœopathic prescriptions into one unmistakable use. An effort to unite the extremes by a fair testing as to time and place is better than partisan strife about the difference which cannot be settled in any sound mind without a fair scientific test. It is this test we claim for all potencies quite beyond those tests of the microscope and the cruder methods of seeing and tasting the drug.

Those potencies beyond thought, should be tested and trusted by honest and fair physicians as they now trust the union of the four gases to help produce the human form, and its life activities which solely depend upon them.

We do not know how or why they thus keep us in existence. The dynamics of remedies, like the dynamics of our existence, is not yet within our intellectual reach. Abraham Lincoln said

"the foolish and the dead alone never change their opinions." The extreme low and the extreme high potency physicians are like the two classes mentioned.

Those who do not test are as dead and inchangeable as those who are foolish enough to decide before experience has given them facts on the subject. Nothing but an impartial test of all dilutions and potencies above partisan taint or tinkering can rightly settle the most important question in homœopathic medicine. Who can show when and where he has so tested the potencies that he can give us better results than our great teacher Samuel Hahnemann?

That physician must know more about the dynamics of our existence and remedial motions combined in the cure of disease, than any of those doctors who are trying to unite the two schools of medicine without the help of "similia," which teaches that no two similar dynamics can exist in the same form at one and the same time. To do the same thing the second time is no fact or either form or motion. The second form and motion may be similar but never the same. Dynamics is the similar motion put in contact with similar motions of disease of the patient which comes by the rule of similars.

Dynamics is not an entity, it is a motion, really a relation of forms necessary to our existence or destruction.

Motion is both a factor of health and disease. It is of no consequence, or rather cannot exist, without forms bearing qualitative and quantitative relations. Those motion-relations produce our physiological and therapeutical knowledge of health and disease. Even our thoughts are but dynamics of the brain forms. Similar dynamics in similar relation of forms bring invariably similar results.

Facts are what we want of dynamics, a motion. A motion of any form is the dynamics of that form. What is there but forms and motions in all that involutes or evolves in the universe? Dynamics shape our diseases, our medical treatment of them and our success as a school of Homœopathic medicine. It is the question of questions proving the law of Homœopathy.

DR. HORACE M. PAINE, of Albany, made a very extended and exhaustive report for the committee on legislation, the gist of which was a recommendation that the Legislature be asked, in making any changes in the medical laws, to give equal power to homœopaths with allopathists in the control of examining boards. Before making his own report he gave way for Dr. W. S. Searle, of Brooklyn, who proposed a very different, and in our opinion, a very much better form of medical legislation.

Dr. Searle's argument is so cogent and so just, and as it is equally applicable to other states than New York, we will give in full in our April issue.

#### SECOND DAY.

THE society reconvened at ten o'clock.

Dr. Geo. E. Gorham reported on clinical medicine. The first paper was by Dr. H. M. Paine, who presented the statistics of epidemic cholera, being the concluding portion of an article of which the first part was read at the last annual meeting of the society, and published in the twentieth volume of its transactions. The first part embraced statements setting forth, "The origin, progress, modes of propagation and prevention of cholera." This, the *second part*, which was read by title, was prepared and presented for the purpose of placing on permanent record for convenient reference, full summaries, emanating from the best sources of accurate information, embracing all the essentials regarding the most approved methods for arresting the progress and securing the control and even entire eradication of this peripatetic scourge.

The paper is made up of copies of circular letters issued by the boards of health of the states of New York, New Hampshire, and Illinois, and by the Secretary of the Treasury of the United States; and is introduced by the following explanatory statement:

"The copies of circular-letters issued by various state and local boards of health, are furnished in order to show the vigilance of public officials; the thoroughness of quarantine preparations for preventing the advent of the disease into this country, and for arresting its progress in case it should gain an entrance; also to set forth, in general

terms, the conclusions arrived at by those who have given the subject intelligent and earnest consideration; also, as a practical result of their investigations, a statement of the comprehensive plans and systematic efforts everywhere resorted to for warding off the encroachments of this voracious destroyer of human life."

DR. GEORGE ALLEN, of Waterville, presented a paper on "Lead Poisoning," the main portion of which was the details of a case, in which persistent sub-normal temperature was a marked feature of the case. Hahnemann and other observers mention the same thing. In a case of pneumonia the patient passed through the entire attack without the temperature ever rising above 98° F: there could be no doubt as to the diagnosis, as it was amply verified.

DR. F. LENGGENHAGER, of Utica, sent a paper on "Gangrene of the Gums," being the details of a case of that disorder which he had attended in association with Dr. M. O. Terry. In the debate Dr. Henry C. Allen said: "The case of gangrene of the gums reported by Dr. Lenggenhager, in which marked improvement occurred under the use of bromine, deserves more than a passing notice. Why, when it was a second time given, did he obtain no response from it as at first? This is an instructive question. It is the same question which attracted the attention of Hahnemann, and the solution of which gave us his theory of chronic disease. He observed that many patients did not fully recover from an acute attack, or were prone either to a relapse or the development of chronic constitutional ailments, and that some remedy to counteract this latent dyscrasia was necessary to complete the cure. So in this case. When improvement ceased a dose or two of the properly indicated antipsoric remedy should have been given before repeating the remedy; and another injunction of Hahnemann should have been observed, viz.: When you repeat a remedy, if still indicated, change the attenuation. Give, as the case demands, either a higher or a lower potency. Another point in which we

often violate both the letter and the spirit of our law of cure, is in failing to make the proper selection of the remedy. The question of potency dwarfs into insignificance in comparison with the question of selection. If we fail in selecting the proper remedy—the true simillimum—our failure to cure may be as signal with the tincture, or third, as with the thirtieth, or two hundredth. We claim our law of cure to be a natural law, as universal in its application as the law of chemical affinity. Oxygen and hydrogen unite in certain fixed and definite proportions to form water, and can be made to unite in no other. So it is in the care of the sick under the law of similarity. Hahnemann gave us the *modus operandi* for the selection of the remedy. He instructs us to carefully write out the symptoms of the patient, and from the symptoms of the remedy recorded in our *Materia Medica* select that which contains the totality of the symptoms. He says we are not to prescribe for the disease, but for the patient. Drugs do not produce diseases, only derangements of health manifested by symptoms. The student often receives his first erroneous impressions in the clinic-room. He sees the professor, who, after twenty-five or thirty years of hard work has mastered his *Materia Medica*, make an off-hand successful prescription; and, after a few months' study, attempts to follow his example. Ignominious failure is very likely to result, and the doctor becomes discouraged, and often disgusted with Homœopathy. The law has not been complied with, and, of course, cannot be expected to respond. It is a succession of these failures which leads many to doubt the universality of the law. Neither crude nor potentized drugs can cure under such circumstances. Is it the fault of the law? We think not. Is it not time that we cease wrangling on the question of potency, which can never be decided by a war of words, close up our ranks, and unite in defense of the law, and the mode of selection of Hahnemann.

DR. J. N. TILDEN, of Peekskill, furnished an instructive paper on the "Etiology of Asiatic Cholera," detailing

the various theories regarding its origin, favorable conditions for its spread, recent investigations into the germ theory, and the opinions of various members of the society on the subject as obtained by correspondence. Some of these were as follows :

Dr. Dowling : With regard to Koch's theory, my opinion is, the Scotch verdict, "not proven." I would define infectious diseases to be such as have their origin in a poison, which under favorable circumstances can reproduce itself to an unlimited degree. For the cholera germ the developing medium requires three factors : organic matter, moisture and heat. If into organic filth, during hot, damp weather, a solitary cholera-germ be deposited, it can multiply indefinitely.

Dr. Helmuth : While I do not doubt the *presence* of the comma bacillus in the excreta of cholera patients, I think the English Cholera Commission arrived at the correct conclusion, and that the *cause* of cholera is not by any means proved to exist in bacteria. The presence of the bacillus in other discharges, which are found in the human body—which are bland, also appears to negative Koch's theories.

When you ask me to tell you what I consider the *cause* of cholera, I'm man enough to tell you *I don't know*, and to say also that I don't believe any body does, and I may also add, that if half as much time and patience and money had been expended in trying to find the *cure* of the dread disease, or put us on the right track, much more good would be derived from our investigations. One thing is certain, that as yet, with all the boasted advancement in science, we have not been able to prevent the spread of the disease, or its appearance ; it may be modified by the usual sanitary precautions, as can most other diseases, but, not only did it come and stay, but re-came and re-stayed whenever it wanted to, in spite of the cholera commission, Koch, and every body else.

Dr. E. Guernsey : Every one must respect the energy, intelligence and enthusiasm Koch has brought to his work, and possibly this line of investigation may yet reveal the secret of the genesis of cholera ; but there are strong objec-

tions to Koch's theory which he has not yet removed. While admitting that the specific cause of the disease is an organized body, affecting particularly the intestinal canal, and capable of rapid and almost indefinite multiplication, of the formation of this organized body, of its distinctive character, and of the way in which it does its work, I have not the slightest idea. To me it is involved in just as much mystery as the formation of the first particle of protoplasm, and the evolution of life from a single cell.

Dr. Dayfoot : I am rather disposed to be favorably inclined toward Koch's theory, but it has not received sufficient corroboration to be considered decided.

Dr. Hollett : I am not well enough acquainted with cholera to have arrived at a satisfactory conclusion as to the value of Koch's theories, but from what I do know I am led to doubt the correctness of his ideas, that bacilli are the primary principle of infection ; yet like a good juror, I am ready to render a decision in accordance with the weight of evidence.

Dr. J. J. Mitchell : This is cruelty to animals for you to, in cold blood, fire such conundrums at me. I am not sure that I have any opinions as regards Koch and his cholera. If I have I will hunt them up and *months* hence, if you need them, may send them on demand.

Dr. John H. Thompson : I am not prepared to commit myself to any of these theories. They are certainly none of them conclusive.

Dr. Gorton : The evidence adduced by Koch in support of the hypothesis that cholera is caused by a molecule of living matter, known as the comma bacillus, seems to me quite conclusive. Moreover, I hold to the germinal doctrine of the origin of all the infectious and contagious diseases.

Dr. Winterburn : Our knowledge of the cause of cholera may be summed up in one word, unknown. I believe it to be not germinal but telluric. While it usually progresses steadily from point to point, and often thus in straight lines (that is, attacking the inhabitants of one side of a street, and not those on the other), it can not be said to be contagious, in the same sense as scarlet fever, nor infectious, like typhoid.



DR. H. I. OSTROM, of New York, presented through the bureau of surgery, a paper on "The value of ovarian pathology, in the etiology of mammary neoplasms." The position maintained is essentially the same as that advanced in his recent "Treatise on the breast, and its surgical diseases." He holds the opinion that the ovaries, which he believes become active before puberty, are capable, when functionally deranged, of exciting in the breasts such morbid changes as lay the foundation for future neoplastic cell development. The tumors that most frequently show such a genesis, he believes to belong to the epiblastic group of tumors, adenoma, and carcinoma. Dr. Ostrom laid emphasis upon the propriety of considering physiological processes as the prototype of pathological processes, and referred to the large granular cells of the normal evolution and involution of the mammary gland as forming the initial step in many pathological new formations. Thorough examination of the pelvic organs was insisted upon in cases of mammary tumors in unmarried women, and in married women who are childless; and it was believed that such examinations would frequently show some degree, or kind, of pelvic inflammation that could be considered as a remote cause of the breast disease. The cause of this frequency of inflammation were considered to be the unwillingness of modern mothers to bear children, and the means taken to prevent conception.

True mammary cysts were spoken of as having their origin in buds from the main portion of the gland; these buds tended to enlarge the secreting surface of the lacteal apparatus, and are developed under the stimulus of ovarian irritation. Other cysts were spoken of, as becoming solid through intra-cystic growth; such neoplasms may be mistaken for adenomata. Dr. Ostrom concluded by expressing a belief that ovarian pathology should be recognized as only one among many factors in the etiology of mammary pathology.

DR. THOS. D. SPENCER, of Rochester, read a most interesting paper on

"Tracheotomy in Diphtheritic Laryngitis, with its Post-Operative Treatment." Unfortunately it came just at a time when the election of officers was to be held, and did not therefore receive the attention which its merits warranted. It is one of the discouragements connected with presenting papers at the annual meeting, that one may thus become the victim of circumstances, and an article of sterling merit, which has cost days and days of time to elaborate, be not only passed over without debate, but hardly listened to while being read, Dr. Spencer said:

In my own experience venous oozing has been a source of trouble, the blood seeming to issue from all points as from a sponge. This is due to the capillary engorgement of the tissues of the neck. There are no vessels to be tied. Some authorities advocate in this emergency, waiting quietly, holding the lips of the incision apart until after a time by exposure to air the bleeding ceases. This will never do when the patient is moribund, as happened in my last tracheotomy.

Hot water, the great hæmostatic, will effectually control venous oozing, and renders the wound as bloodless as though under the control of an Esmarch's bandage. I would suggest a method of applying hot water which, from its simplicity and convenience, will, we think, recommend itself to your favorable notice, and is, so far as I am aware, original with myself. It consists in having within easy reach just before making the primary integumentary incision, a six ounce bag syringe filled with boiling water. It cools rapidly, and so when required will be of about the right temperature, say 120° to 140° Fahrenheit.

With rational care there is no danger of scalding the parts, for if the water be very hot, only a few drops will be required to stop the hemorrhage, and if of a lower temperature, the water may be allowed to flow in a continuous stream. It is wonderful how quickly the engorged tissues blanch; only those who have been hindered and balked in having every thing obscured by this copious and heretofore almost uncontrollable venous oozing will appreciate the

beneficent effect of hot water thus applied in rendering tracheotomy more easy of execution.

Too much stress can not be laid upon the necessity of skillful pains-taking nursing in the after treatment, and when this fact is more generally observed there will be a greater percentage of ultimate recoveries. After the canula has been inserted, the free edges of the wound above and below brought in close apposition by sutures, a further protection from infectious discharges is obtained by using of rubberdam five inches square, niched in the center, stretched over and slipped under the shoulders of the tracheotomy tube, as a precaution against chafing, and with the hope of preventing the pseudo-membrane from forming over the incision by auto-inoculation. I have great confidence in quicklime slaked in large quantities in suitable vessels placed near the bedside.

A much larger number of recoveries might be predicted could we but dissipate the false membrane as fast as it forms. Right here comes the pith of this paper.

"Trypsin as a Solvent of Diphtheritic Membrane." Trypsin is one of the ferments of the pancreatic juice; at blood heat it will only dissolve its own weight of fibrin in from five to ten minutes. I wish to call the attention of our society to this ferment, which gives promise of great utility in saving life. Fairchild Bros. & Foster of New York now manufacture trypsin especially prepared as a solvent for diphtheritic deposits. The following is the formula given by them.

℞ Trypsin. grs. xxx.

Sodii bicarbonas. gr. x.

Aquae distillata. fl. ʒ i.

Make a smooth mixture, rubbing the trypsin down with water added little by little. By means of a hand atomizer a strong spray of this mixture can be thrown directly into the trachea, this spraying to be repeated until the breathing again becomes easy.

DR. J. M. LEE, of Rochester, read a paper on "Urethral Stricture of Large Caliber," in which he spoke of frequent errors in the diagnosis and treatment, illustrating them by clinical cases. Much of the bad practice he thought due

to teachings and writings previous to Otis' reform, and the slow acceptance of of his doctrines. Some of the errors referred to are as follows.

The meatus urinarius is not, as has been supposed, a guide for the size of the urethra, and it is absurd to believe that because an ordinary catheter passes easily no stricture is present. Neither is the introduction of an instrument 18f or even 25f proof that the urethra is not strictured; and a 35 conical sound may not detect a stricture if it be of the resolvent variety, for the sound may pass easily, but as soon as it is withdrawn the parts contract to their former state like so much rubber. Therefore the only reliable means of diagnosis is the urethrometer and bulbous sounds; conical sounds are not of any value, and they are of doubtful utility in treatment.

The doctor believes that strictures are not a condition for medication, and that they are curable only by surgical means; consequently it is useless to spend time hunting for the indicated remedy. It might be employed more profitably in striving to make a diagnosis other than "kidney disease," "trouble with the prostate gland," "inflammation of the bladder," "neuralgia," or "lumbago."

Another bad practice is that of using conical sounds in the after treatment of urethrotomy on account of their having to pass beyond the bulbo-membranous junction in order to obtain the full size of the cylinder, thus inducing, in some cases, urethral fever and other evil consequences. He recommends Dr. Weisse's abruptly tapered sounds for this purpose.

In speaking of the three methods of treatment, electrolysis, urethrotomy and gradual dilatation, he gives preference to the two former.

THE board of censors reported favorably on the nominations of Drs. T. M. Strong, of Ward's Island, William H. King, of New York, C. A. Graves, of Ticonderoga, and William W. Seeley, of Albany, for membership, and they were duly elected.

Dr. Winterburn asked permission to withdraw his name as a candidate for vice-president, and nominated instead, Dr. E. W. Bryan, of Corning.

The society then elected the officers for the ensuing year, Drs. Sterling and Gorham acting as tellers.

*President*, Dr. Henry C. Houghton, of New York.

*Vice-President*, Drs. F. Park Lewis, of Buffalo, Titus L. Brown, of Binghamton, E. W. Bryan, of Corning.

*Secretary*, Dr. Herbert M. Dayfoot, of Rochester (re-elected).

*Treasurer*, Dr. Edward S. Coburn, of Troy (re-elected).

*Censors*—Northern district, Drs. A. W. Holden, S. J. Pearsall, and W. T. Laird; southern district, Drs. F. E. Doughty, E. Hasbrouck, A. B. Norton; middle district, Drs. M. O. Terry, George E. Gorham, F. L. Vincent; western district, Drs. A. S. Couch, N. Osborn and E. H. Wolcott.

Chairmen of bureaux were designated as follows:

*Materia medica*, Dr. T. F. Allen; clinical medicine, Dr. H. L. Waldo; obstetrics, Dr. Everitt Hasbrouck; gynecology, Dr. A. R. Wright; mental and nervous diseases, Dr. S. Lilienthal; ophthalmology, Dr. C. F. Sterling; otology, Wm. P. Fowler; laryngology, Dr. George M. Dillow; histology, Dr. Chas. McDowell; climatology, Dr. H. M. Paine; pædology, Dr. Gertrude Gæway Bishop; surgery, Dr. Thomas D. Spencer; vital statistics, Dr. Titus L. Brown; necrologist, Dr. A. W. Holden.

The nominations to the regents for the honorary degree of doctor in medicine were: Prof. Samuel Lilienthal, of New York, Dr. Edward S. Coburn, of Troy, Dr. Everitt Hasbrouck, of Brooklyn, Dr. Titus L. Brown, of Binghamton.

Authors of papers were given permission to publish the same, in any medical journal of their choice, on consent of the president; provided the paper shall have been read and approved by the executive committee. All papers so published shall be stated to have been read before the society.

DR. A. R. WRIGHT said that in order to aid in the study of drug-action he would move that a committee on "Test of Potentization" be appointed, whose business it should be to invite reports of cases treated by drugs whose pathogene-

ses are well known; such as rhus, apis, or belladonna. The members of the society should be invited to send in reports of all cases treated, whether successfully or unsuccessfully, with the drugs selected for study, with the symptoms, in detail, for which the drug was prescribed, and the potency at which it was given. The motion was adopted, and Dr. A. R. Wright, H. M. Paine, and T. L. Brown were appointed as the committee. Paine, of Albany, to investigate "hypotency," with Brown, of Binghamton, to help him! Well, well! Dr. Wright will decide which shall make the minority report; but we would be willing to put up good money on Paine.

The committee on legislation was instructed to represent the society before the committee of the legislature, and see that our allopathic brethren do not gobble up all the plums. This practically commits the society to medical reform (*sic*) as seen through the spectacles of those who desire to drop every thing which is offensive to "our friends, the enemy." Of course, this was not the intention of the society, but in the demoralized state into which a peripatetic assemblage always drifts, toward the close of its sessions, any determined man can force through any thing, provided he has the good will of the president. Dr. Charles A. Bacon tried to limit the power of the committee to commit the society, but the matter was left in such a chaotic state that there probably wasn't two individuals present who could give an exact account thereof. If the homœopaths of New York find themselves at the mercy of the dominant half of the profession, they may bless their unlucky stars and their own supineness.

THE society elected to hold its next semi-annual meeting at Niagara Falls. Poughkeepsie and Syracuse were the rival nominations, but even Dr. Fiske's intimation of the accessibility of Brighton Beach from Poughkeepsie, with its multifarious attractions, did not produce the expected reaction.

The editor regrets his inability to find space for all the good things of the meeting, but the printed page has a rigidity and unstretchableness for which he has never yet found a remedy.

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## VACCINATION: PERSONAL EXPERIENCES, WITH COMMENTS.

BY

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Brooklyn, New York.

THIS has of late occupied the thoughts of men more than usual, perhaps because of the serious epidemic of variola which has recently and sadly scourged our neighbors across our northern border. There is in the minds of all a dread of this plague which its history and its experience fully justifies, and it is not at all a marvel that men should be eager to resort to almost any expedient which shall promise them protection from its assaults. In the state of mind, resulting from its near ravage, much has been written and said in advocacy of vaccination as a protection from this dreaded and loathsome scourge, and they have not always been careful to abstain from hard words when speaking of those who have less confidence in its protection and greater dread of its consequences than they themselves evince. If really protected from the painful and loathsome experience of this dreadful plague by so simple and cheap an expedient as this of vaccination, and if there be no other results from this very simple operation, then there can be no doubt of the wisdom of those who resort to it. But here are two most important questions to the answer of which such words as fanatics, insane, idiots, and the like, when applied to those who do not altogether accept the affirmative of these questions, contribute nothing, nor do they to any man's knowledge of the subject matter in question. There can be no doubt that, as at present practiced, the resort is now more a matter of habit and pre-

judice than of knowledge either on the part of the patient or his doctor. The patient applies for the operation because he has been told the protection is to be depended on, or that protection from previous operations is liable to exhaustion by lapse of time, or because it is the thing to do, and everybody does it. The doctor does it because it is his habit to do it, and he does it without questioning its propriety or value. Just as doctors, for three thousand years, bled for the cure of acute inflammations, because taught to do so; and never in all this time questioning the value of the resort, nor seeing the evils resulting, till at last Dietl demonstrated that of every twenty who had died of pneumonia, after being treated by this resort, thirteen of them had been killed by it. Yet this killing had gone on for three thousand years unquestioned by those who should have seen the evil they were doing, but they didn't. The lesson from this is that a long practiced and unquestioned habit is no proof either of its value or innocence. Before the demonstration of the evil of this resort, and since my residence in Brooklyn, the president of the New York Academy of Medicine, in his inaugural address, declared that whoever ventured to "treat pneumonia without the lancet" was "insane!" This word seems to be an ever ready resort for those of old physis who encounter opinions or practice at variance with their own. "Insane," if one refuses to practice a resort which has now been demonstrated to have killed sixty-five



per cent. of those who have died of pneumonia in these centuries. Habit evidently is no justification of methods for cure or protection. It is only the facts in the case which are of the least value, and these Dietl (himself of the old school) has given us which demonstrate the sixty-five per cent. killed !

So in the matter of vaccination facts only are of the least value. The example of those who have continued to practice this from habit, or from the example of those who are supposed to know most and best, can not be accepted as authority which warrants its continuance or approval from any rational or responsible man.

The two questions—does it protect, and are there no other damaging results from the operation which discount its value, or, if rightly appreciated, will forbid its practice? are answered only by facts.

In answering the first question we reply from our own knowledge and experience both yes and no ! It was our intention when we proposed to ourselves to write this paper to confine it to our experience as this had been had in our own person and family. If led to considerations outside of this experience, the importance of the subject must be our excuse. In entering on the inquiry as to the protecting power of the vaccine disease against assaults of variolous contagion, it may be that the question may arise of antagonism of vaccinia and variola. Are these diseases antagonists, and is it by reason of this that the partial protection from the one is secured by the previous presence of the other ? This question of antagonism was answered in the experience of a young lady who was a visitor in Brooklyn from Lowell, Mass., in the winter of 1858, when we were passing through our annual scare from small-pox. She was greatly alarmed, and came to me for vaccination. She sickened and sent for me. I found her with symptoms of variola in full force. It was not a little interesting to witness the progress of the eruptions of both vaccinia and variola appear at the same time on the day the eruption from the vaccination was due, and both ran their perfect natural course, neither appearing to be in the least modified by the pres-

ence of the other. The attack of variola was one of uncommon severity.

First of myself. I was first vaccinated when twenty-one years of age. I was quite sick as the result. I had violent fever, the arm was intensely inflamed, the vesicle did not grow in the usual umbilicated form, but was pointed, and soon burst, and the scab was not of the traditional form, but was small, as the vesicle had been from which it originated. The vesicle from the beginning had been the seat of mixed pain and itching, very intense. Indeed this was a torture. When the scab fell off there was found nothing of the traditional scar with the depressed points, such as the advocates of vaccination claim as an indispensable evidence of the genuineness of the process which alone assures of protection. It will be noticed in this case the absence of nearly all the points which are insisted on as essential evidences of genuineness of the disease. The time between the insertion of the virus and the first appearance of the eruption was according to the rule given for the genuine disease, as was that of its entire duration, and yet in every other point it was at variance with the rules. No expert would say, after examining the small cicatrix on my own arm, that he found any of the marks which he would accept as evidence of protection or of a genuine vaccination. All had been irregular, except as to time, judged by the accepted traditional standard. And yet my protection from variola has been perfect through these more than fifty years in which I have been in the presence of the dreaded plague many, very many times. I have treated many cases of the disease in these years and have received no harm from my contact with it. And it may be noted this experience sets at naught another maxim of those who pretend to know all about this much vaunted resort for protection, this did not "run out in seven years." Brought to the standard of facts, and these people are likely to be proved to know very little about it. With them, for the most part, imagination, or traditions growing out of this, will be found in the place of knowledge.

We have said we have treated many cases of small-pox, and in them all we

were fully aware of the danger of carrying the contagion away and spreading it to other families, and especially to our own. The utmost caution was always practiced that this might be avoided; and among other precautions, we revaccinated each member of our family at every new attendance of a case of small-pox, though each had been vaccinated in their infancy. Of these it will only be necessary to mention the case of my oldest son. Like his brothers and sisters, he was vaccinated when an infant, and the result was a satisfactory example of vaccinia. In the many attempts to renew this, when more than usually endangered by exposure to contagion, there was never the slightest success. This was probably repeated more than a dozen times, and always without result. So that judged by the traditional standard he might be regarded as protected. It had not "run out" with him. That was the one thing that seemed certain. This is the more important to remember as "running out" is the most frequent resort of experts, or those who regard themselves as such, when small-pox attacks those who have been vaccinated to account for the unreasonable occurrence. He was graduated in medicine when he was twenty-two years old, and entered on its practice in Brooklyn. In the winter of his second year of practice he treated twenty-five cases of variola, and in one family there were six in one room with the disease at the same time, so that the circumstances were of the most favorable to the accumulation of the contagion in largest quantity; and yet he received no damage from these. He treated a twenty-sixth case, contracted from the last of the series of the twenty-five. This was a very light case. It had only about a half dozen pustules, and with very little fever, and yet notwithstanding all his vaccinations, and all their promise of protection from their failure to renew the process of vaccinia in so many attempts to do this, and the apparent immunity in the presence of the contagion through attendance on these twenty-five cases, he took the disease from this last mild case, and was the sickest person I have ever seen to recover from it. The initiatory fever

was the most violent I have ever seen. The eruption came in the form of the usual umbilicated vesicles, and these so thick there was not between them space equal to that of a small pin's head. They covered the whole person, body and limbs, from the top of his head to the soles of his feet, and the certainty that these would all coalesce as the pustules were developed was before me, and the prognosis was of the gravest character. There was to be but one ulcer, and that was to cover the whole surface. It was in this condition of things that after a careful study of the phenomena of the case the patient got one dose of a remedy which we are told the American Institute has "laughed out" of itself, and the result was a complete abortion of this fearful eruption. There was no secondary fever to follow this, for there was no suppuration. Indeed the one dose of this so much "laughed" at remedy cured the case radically, and there was nothing remaining for any other remedy to do. The convalescence was complete and of very brief duration. Perhaps it was fortunate for the poor sufferer that the institute deferred its laughter till some time after this very remarkable case. It is fearful to think what might have happened if they had laughed earlier.

Now from these two experiences certain lessons seem to be legitimately taught. First as to protection—vaccination affords no assurance of protection to any one person. The evidences of its spuriousness were abundant in my own case, and yet I have been protected through many exposures to the contagion, and this through a long series of years. On the other hand, in the case of my son, where protection was supposed to be perfect by reason of repeated failures to renew the vaccine process by repeated operations, and more, because of the apparent immunity from the effects of the contagion while attending the twenty-five cases, he was not protected or at least only partially so, and when he at last fell a victim to the contagion the result was of the severest character. Experts, in this case, would have found all the points in the history and visible signs on the patient to which they are accustomed to ascribe protec-

tion without reserve. In my own case no doubt they would have condemned my vaccination as spurious, and have pronounced me unprotected, and they would have been mistaken in both instances, though their judgment would have been fully warranted by their own standards. Then two points follow. These standards are not reliable, and there is no *a priori* certainty of protection from the contagion of small pox from whatever of resort to vaccination. And though there can be no doubt that this is sometimes a protection, it is by no means certain that it is in any given case, and this uncertainty is a reduction of the value of the resort. The degree of protection is much less than that supposed by popular expectation, or than is claimed by professional representations and confidence. And the last lesson we shall mention as legitimately deduced from these two cases is—Experts, so called, are not the infallible authorities in the matters of vaccination and protection they claim to be.

But after this question, comes a second, and most important one. Is the partial and uncertain protection afforded by vaccination the only result on the organism into which its virus has been introduced? This question, in the general, has been but partially considered, or not at all, though its gravity should have secured to it the most careful observation and the best judgment of practical healers. Instead of this, when evils have been speedily developed after the operation, it has been the custom, oftener than otherwise, to attribute these to accidental causes rather than to the virus itself, thus blinding their eyes as to the true facts in the case. It is common for them and the friends of the sufferers to say—"It was bad matter"—meaning some adventitious elements had been present in the virus, and that this is responsible for the unexpected and hitherto unexplained misery, which has been so great a surprise. No doubt it is possible that elements which produce the gravest diseases have been so, and many times, planted in the organisms of the innocent. But it is not our present intention to discuss this accident but rather to call attention to the fact that this virus has power to impress impor-

tant changes on the constitution of the organism by its own innate nature. The transmission of causes of disease through this medium is more or less a fact in dispute, and mere discussion of the question has done little to settle it. Facts alone can do this. And even facts are not always equal to overcoming prejudice.

The first fact I shall present in proof of this power to impress changes on the constitution of patients, I shall take from my own experience of it, and it is so clear in its manifestation that it is not easy to see how even prejudice can find the elements of dispute in it.

When vaccinated, at 21 years of age, I was characterized, constitutionally, by two peculiarities, quite marked. I bore exposures to cold with greater impunity than any one I have ever seen. As an example of this, the winter before this operation I rode on the out-side of a stage sleigh, from Williamstown to Barre in Vermont, with the mercury at 33 degrees below zero, with no under garments, and only a thin camblet cloak for outside protection, and felt no inconvenience from cold. On another occasion I rode on the saddle from Warner to Hopkinton, N. H., on a memorably cold day when stage drivers froze their hands, feet, faces and ears. I had on neither under garments, over coat, gloves nor mittens, and yet received no injury. It had been the experience of my life that I bore cold with less inconvenience than any one I had met.

The other peculiarity of my constitution, was I endured fatigue better than others. *I.e.* I could perform more labor with less fatigue than any one I knew. This was my experience in my 17-18 years, in a printing office. Every week it was the same. Every Wednesday 15 hours, Thursday 18 hours, Friday 24 hours, and then for Saturday I had allotted to me what was regarded as a day's work, which I had usually, by great exertion, accomplished by 10 o'clock in the forenoon. This day's work the printers will understand if I say it was to put into case a solid imperial page of a newspaper form. After this many times, I walked ten miles to spend Sunday with my mother, and more than once took my gun, after reaching home, and went



gunning. I have no recollection of being fatigued. I don't think then it had been a part of my experience.

But from my vaccination, both as to cold and fatigue, I have been just like every body else. Certainly not bearing these better than the average of men. Now these are facts as to which I may not unreasonably claim competency as a witness. I know they are as stated. And how profound must have been the impress on my organism, which resulted in so important and radical changes, that time, now more than half a century, as to these two peculiarities of constitutional endowment, I have never since been the same I was before. And is not a power capable of producing so important changes an object of legitimate dread, and the more when it is remembered that what shall be the change this poison shall effect, when introduced into any system of man, no one can foresee or prevent. This fact constitutes the great objection to this resort for escape from a known evil, that, it involves the imposition of evils which are unknown, the importance of which no man can estimate.

Then the poison not only has power to effect changes in the constitution of the organism but to impress on it varied forms of disease, more or less important, all with this one peculiarity—They have in themselves no tendency to self limitation, or spontaneous cure. Once planted, and they are there to stay and stay they will unless mastered by their specific curative, administered as the law of therapeutics requires, *i. e.* the law of the similars. In what form or at what time, this will show itself in a given case, can not be foreseen. Nor, when the patient is brought into contact with the occasional cause which has power to rouse to action this formidable enemy, can its ravages be otherwise prevented than by the right administration of this law. It should be borne in mind, and never forgotten, that each time this poison is inserted into a living organism there goes with it all the destructive possibilities embodied in the fearful word *Sycosis*, which carries in itself so large a portion of the causes of the chronic diseases of men. These causes, as pointed out by Hahnemann, may be ignored,

ridiculed, pooh-poohed, by physicians, but they can not be so annihilated. After all this silly affectation of a superior wisdom, and all hissing and scorn poured on them, there they are, the same after as before, their destructive power neither annihilated nor abated.

It sometimes happens that these sycotic developments appear immediately after the vaccine disease, but perhaps, oftener after a lapse of time so great that their true origin is not suspected, certainly not by any one who has not studied this sycotic poison radically. Instances of its immediate development are often met when called to prescribe for an infant, which we are told "was perfectly healthy till it was vaccinated since which it has not seen a well day," and the operator is blamed for his careless use of "bad matter!" The only proper subject of blame, if there has been one, is not knowing, in the first instance, that he was dealing with this destructive sycosis in its concentrated form, and in the second, not recognizing the effects of this when he meets them. This cry of "bad matter" is wholly gratuitous when the fact is there is no such thing, and nothing worse than this matter itself, pure and simple.

An instance of the immediate development of sycosis after vaccination is given in the *Homœopathic Physician* vol. iii., p. 176, which very perfectly illustrates the consequences and risks incurred by the subjects of this, as usually regarded, very simple operation. In that case there was immediately after the vaccination eczema, and after this, and evidently associated with it, proneness to take cold, and with each cold came croup, and after the croup Miller's asthma, and after this, disease of the hip-joint. This long succession of grave evils was initiated by the vaccination, and only cured when the oozing wart had disclosed the true nature of the constitutional condition in which these had all had their common root, and all were radically and permanently cured only when guided by this sure index, the true antisycotic remedy was found and given to the patient.

In view of the above experiences we think we are justified in these conclusions.



## VARIOLATION.

Proving with Variolin, and Propositions.

BY

B. FINCKE, M.D.,  
Brooklyn, New York.

1. Vaccination does protect some persons from the effects of small pox contagion.

2. It does not protect all.

3. There are no sure signs by which it can be known whether the vaccinated person is protected or not. This can only be known after exposure to the contagion, and even this is sometimes deceptive, as in the case of my son, who passed the danger from 25 cases scathless, but took the disease from the 26th case, immediately after these, and experienced variola in its worst form, notwithstanding many previous vaccinations.

4. The virus may produce important constitutional changes in the patient at the same time it destroys his susceptibility to the variolous contagion, as in my own case. Though it has protected me these many years, apparently, yet while doing this it stripped me of two of my most marked and valuable constitutional powers.

5. It plants in the organism it is intended to protect the seeds of chronic disease which sooner or later are sure to germinate into destructive processes which are met in various forms of gravest diseases and sufferings.

6. Then it is a question whether the uncertain protection given by this vaccine process is not purchased at too great a price when it can only be realized at the expense of so great a risk of so many and so great evils.

7. In the light of these facts, of the truth of which we have personal knowledge, does not the wisdom which has decreed compulsory vaccination as a condition precedent to admission to our public schools, assume a character near of kin to wickedness?

8. Wrong doing, long practiced, may come, by force of habit, to acquire power with, and confidence of, men, which should only be accorded to well authenticated truth, and the difficulty of overcoming such delusions has been met in all past human experience.

THE preparation comes from Mag. Lux, and is potentiated according to the Fluxion method.

1. Miss C. S., 30 years, dark complexion, wanted to be revaccinated. She had been vaccinated before. Variolation was proposed and accepted.

1871. Dec. 28. R Variolin 30, seven powders; one dry each night.

Dec. 29-31. Pains in the limbs just above the knee; dull steady aching, seemingly in the bones.

Dec. 31. Lame, as if bruised in the limbs. In the night sharp pain in the left mamma from above downward, and outward, a great many times after going to bed, and a flash early in the morning.

1872. Jan. 2. Slight sore throat in the left side, with pain on swallowing. Could not sleep for stomach-ache last night.

Jan. 4. Severe pains in the back and in every bone, all night, so that she could not sleep before morning. The pain in the back was more in the loins, and all the limbs ached as if in the bones. Vomited a little bile, after tasting it long before.

Jan. 5. Very weak all day, as after a severe disease.

Jan. 10. Wakeful all night.

Jan. 14. Wakeful all night. Sometimes sharp shooting pains; sometimes dull pains in the bowels during the day.

Jan. 15. Wakeful half the night with some pain in the bowels.

Jan. 16. For the past three nights she was lying awake with extremely bitter taste, followed by vomiting a little bile. Very costive. Sore and bruised feeling around the waist, going from the epigastrium through to the back last night. Slight nausea like sea-sickness, from over-exertion last evening; fluttering in the stomach-pit. Crampy pain in the stomach and bowels all day and night. Fell asleep at five A. M., and again throwing up of bile, tasting it a long time before.

Jan. 17. The same pains continue, and the back ached very hard between

The Jerome Kidder Manufacturing Company received the Medd of Superiority from the American Institute, for 1885. This makes the thirteenth successive year that they have been awarded this medal for their fine electric batteries.

the shoulders, less around the waist. Cramps returned with nausea and attacks of faintness.

Jan. 18. The same. Occasional cramps in the bowels at night, followed by quite a loose passage with relief ; but mostly awake in the night.

Jan. 19. The same kind of cramps continue, better after going out. She feels very sick and depressed.

Jan. 20. Occasional cramps, not so violent, but making her faint, as if it went through two places in the abdomen, sometimes through the stomach.

Jan. 21. Menstruation appears. Great weakness, that she must lie down. No appetite. Feels two or three times as if she should bring up bile. Threw up part of her tea last night, after two hours, but it was not very sour. Now and then a bitter taste, as if she should throw up. Noise hurts her in the stomach. She wants rest ; everything is too much.

Jan. 24. Could not fall asleep for a long time, and then slept heavily, and woke unrefreshed. Itching at the vaccination mark. Constant aching in the lower back.

R Bryonia. 7-7 c. (F.) seven powders every night dry.

Feb. 7. The cramps in the abdomen and the pains in the sacrum went away gradually the last three or four days after the last remedy.

The prover was neither very sensitive nor hysterical, and belonged to the higher classes of society.

She never became infected by small-pox.

2. Ernest F., nine years, vaccinated when six months old.

1872. Jan. 17. R Variolin 9 c. (F.)

Jan. 19. Breath smelling strong. Flighty. Talking in sleep. Forehead-ache, with the sensation of a fly on his forehead. Fever this morning. When coming down stairs he thought he would fall. No appetite. Pulse 100. Swollen about the eyes. His father gave him a dose of Aconite at one P. M.

Jan. 23. Two pimples under the nose, and one on the lower lip as large as two pin-heads. Starting from sleep frightened the last two nights. Pale face. Appetite good.

Feb. 6. A running from the right

ear which he had has ceased, and before it a fine eruption has formed which will not heal because he constantly picks at it.

3. Mrs. S., thirty years, blonde, blue eyes, large, vaccinated.

R Variolin 9 c. (F.)

Next day, headache. Terrible pains in the back and sacrum. Tired in the legs, that she must lie down. Fever day and night, with many dreams. Don't want any food.

The day after, the same.

The third day every thing went away.

4. B. F. Vaccinated several times, but only the first time in childhood with success.

R Variolin 9 c. (F.)

Sensation like bruised at the left lower rib.

5. Odilia T., 2¾ years old. Florid. Has not yet been vaccinated. She is said to have had varicella, but as four small pits remained in the face after it, it had probably been varioloid.

R Variolin 9 c. (F.) three powders for three successive nights.

After the second powder, red spots at the forehead, temple, and eyelids. Pale face. Dark under the eyes. After that pustules broke out at the legs, abdomen, as far as the stomach-pit, one at the chin. Peevishness. Before these pustules broke out she had a group of vesicles at the labia majora and between the legs with excoriation. Face bloated. On smelling an apple she rejected it as too sour. Some of the pustules were large. They healed up without breaking by desiccation.

6. Mr. and Mrs. L. vaccinated ; after

R Variolin 9 c. (F.) three doses on three successive nights, had nausea, general malaise for one or two days, and dull pains in the occiput.

7. Mrs. H., after three doses of Variolin 9 c. (F.) each night, got some severe aching pain in the head all next day.

8. C. H., six years, vaccinated.

R Variolin 9 c. (F.), three powders for three nights.

The second day in the morning small white transparent pustules which went away after the third dose that day. Dullness.

9. John F., 20 years, vaccinated. Robust.

1871. March 19. Was taken with symptoms of small-pox, viz., violent shaking chill, then high fever with delirium. Severe pain in head and back. Perspiration. Face red, bloated. Tongue coated thickly white, the papillæ shining through. Hands blue.

R Variolin 9-1 m. (F.) in half a tumbler of water, one teaspoonful every three hours.

March 31. The headache stopped immediately, but the pains in the back and sacrum continued. The limbs are like beaten, that he can hardly stand. Yawning and chilliness. Eruption of a few water-blisters at the lower lip. Sometimes a sudden attack of fever and perspiration. Tongue less coated.

R Variolin 9 m. (F.) nine globules in half a tumbler of water, one teaspoonful every three hours.

After that the symptoms disappeared, but toward the end of May some of the most marked symptoms of small-pox and some new ones appeared with great violence, and he went into the hospital in Flatbush. There the eruption broke out, but the course of the disease was so mild that he could serve as a nurse for the multitude of patients crowded in the hospital.

From this case it appears that the infection with small-pox had already taken place when patient first came, and that the potency of variolin modified the course of the variola in such a manner that it became a very mild one.

Had he taken the variolin before being exposed to the infection it most probably would have prevented it. But after the infection had once taken, and some time had elapsed between the infection and the appearance of the subjective and objective symptoms which allowed the variola to pervade the whole organism, the eruption, though for a time repressed by the potency of variolin, had finally to break out, but the virulence of the disease was essentially mollified by the homœopathic remedy.

10. Katie F., fourteen years, vaccinated.

1881. Jan. 28. R Variolin 9 c. (F.), one dose at night.

Jan. 29. In the morning she feels unusually gay and her face is red.

In the afternoon, inclination to vomit. In the evening, a white shining large oblong blister below the right eye near the nose which disappeared next morning.

March 13. About a fortnight ago—about a month after taking the one dose of variolin—she got a sore throat with violent fever for several days and croupy cough; she often had croup before. Since about a week a multitude of small vesicles standing close together appear, which, coalescing, develop into about thirty small pustules, each with a fine red ring around at the right side of the sternum, going over the right half of the mamma toward the nipple, with much pain in the interior of the chest behind them. In the course of the week a kind of an urticarious eruption passes below the mamma toward the right side to a place where last week she had pains inside as far as the back, also pain on bending the head forward. At the anterior margin of the axillary cavity a gland is enlarged to the size of a pigeon's egg, and very painful to touch. Tongue somewhat coated. Headache. In this week also the right eye was inflamed, proceeding from the outer corner, and then also the left eye was similarly affected. This was improved by bell. 9 c. For the sore throat and cough, bell. 9 c., lach. 9 c., and lac. can. 9 c. were given. But this eruption continues its own independent course, and develops into true variola. On the centre of the smallest pustules a point is visible, and in the larger ones the centre is depressed as in true variola.

March 14. Toward evening, when the headache was increasing, with red cheeks,

R Variolin 90 m. (F.)

After that the headache subsided, and she had a good night.

In the morning the pustules on the breast were still more developed. The central indentation is more distinct, and a dark vertical line extends from it to the base of the pustule. Patient has no fever, but is very irritable, for the affected parts are painful at every motion. The variolous eruption extends now over the entire right mamma and

below it. Small clusters of vesicles extend around the right side as far as the back. Cough gone. Throat better. The swollen axillary gland is now to be felt in the axillary cavity, but softer and smaller.

If these pustules were in the face, everybody would take them for real small-pox, and if, as she does now, she should go to school, how many of the children would get the small pox from mere fright? Thus many years ago I once was called to an infant, who, covered with purple small pox pustules from head to foot, died the same night. Patient was in a hall-room adjoining a large room, in which a private school of about thirty children was kept by the father of the child. The doors of both rooms were at right angles. None of the children knew of the danger next door, and none got the small pox. How many people might be saved who now are sacrificed to reckless sanitary measures!

March 15. The pustules begin to dry up, assuming a yellowish-brown appearance. On each of them forms a scab which from the centre absorbs the fluid parts. With the exception of burning of the pustules patient feels well. But the axillary gland, though softer and smaller, is still painful.

March 16. The pustules continue to dry up with a brown scab, and still have a pale-red halo around them. After that the scabs fell off, and no trace was left.

It is remarkable, indeed, that the eruption took place just at the mamma of the girl, if one considers that the vaccine disease appears at the mamma of the cow. Some years ago in my mountain-home in the Alleghenies, a young farmer came to me late in the evening to look at him. He was over and over, in the face, on the body and extremities, covered with a variola-like eruption. The whole face was swollen and as if sown over with pustules. They were as large as split peas, but flatter and some larger, the skin was red, swollen, inflamed. He had it from milking his cows, the udders of which were covered with a similar eruption. The cows had been in the woods as usual, and there was no vaccine disease in other cattle. These cows had their

special stables, and could not take the infection from the horses which did not have the glanders. From what source, then, did the cows get the disease? I don't know. The high potencies of nature surpass the homœopathic ones in fineness and power, though they have not the curativeness of the latter.

The farmer received vaccium 9c. (F.) 12 powders, one dry each night.

Before the powders were all taken, he was well, and gave the rest of them to his chum, who was similarly affected, and also soon was cured.

To return to our prover, she had had varioloid badly as an infant, and some pits show still the severity of the disease. I then vaccinated her with good vaccine matter from a healthy child, and the vaccination was perfect, and shows a good mark to the present day. Finally she was infected by her parents with the itch, and I also cured that with high potencies.

And in spite of all this the 900th cent. potency of variolin exerted such a powerful action that it brought out the variolous disease as subject to it, even after a dozen of years,

11. Ottilia F., 12 years old; sister of the former.

R Variolin 9c. (F) 3 doses for 3 nights.

The first evening headache. The fourth day pain in the left side that she could hardly walk, with swelling as of a fall.

12. Miss Emma S. 20 years. Vaccinated. Good mark. Has a goitre, but is well otherwise.

R Variolin 9c. (F).

The first week: headache above the root of the nose. The root of the left thumb-nail becomes inflamed and swollen. Burning pains of the ball of the thumb, which is hard and swollen from the root of the nail downward.

After a week, under the use of sulphur 9c. (F) and silica 9c. (F), the swelling at the nail suppurated, opened, and since then discharged pus from time to time. At last a scab formed over the sore, which finally fell off. Even now, in the fifth week, the place is red and painful on touch. Pustules also had appeared at the right temple before the ear, and at the right knee, having the



central depression and the red halo; they suppurated and healed up with scabs. Besides when she had the panaritium, an eruption appeared at the scalp like tinea capitis, and one pustule broke out at each fourth finger, which she opened. The right arm was swollen as far as the axillary cavity, where also the glands were enlarged. Patient was very weak, and had to be in bed most of the time.

From the foregoing cases it is clearly to be seen :

1. That the high potency of variolin produces symptoms upon the healthy which are similar to those in variola.

2. It is of no consequence in this respect whether the provers have been vaccinated or not, whether they have been inoculated shortly before or long ago.

3. Consequently the vaccination by inoculation has not been protective against the infection with the 900th potency of variolin.

4. Consequently the high potency is more powerful in its action than the inoculation with vaccine-virus.

5. Consequently the potency of variolin is more powerful to prevent the infection with variola, than vaccination by inoculation.

6. The potential variolation prevents the infection of variola inasmuch as it exhausts the susceptibility for its cause in the organism.

7. Practically and theoretically, this variolation is a homœopathic proving which is instituted upon the healthy subject in order to explore the pathopoetic action of variolin.

8. Variolation, therefore, is a measure dictated by the fundamental law of homœopathics, and at the same time serves as prophylaxis against variola.

9. Vaccination by inoculation, indeed, is also a homœopathic measure, but on account of the application of a large dose of vaccine-virus by laceration of the skin it is not recommendable, because it sins against the homœopathic rule, that only properly potentiated doses should be used for proving and healing. Organon 5th ed. § 25, 128.

There is also the constant danger, that by vaccination from arm to arm, and by

insertion of the artificial calf-pox-virus diseases are produced and transferred, which must render the procedure utterly reprehensible.

Since vaccina is a disease of the cow but not of the calf, the inoculation with calf-virus is not properly vaccination, but simply blood-poisoning, and such vaccination without the consent of the parents of the children and of the persons of age in the schools and out of it, should be considered as assault and battery, and not be tolerated.

10. Such a danger is not to be apprehended with the potential variolation since the pathopoetic action after producing the specific symptoms, vanishes in the infinite smallness of the dose.

11. For these reasons it is proposed to give nine globules of variolin 900 (centes) on three successive nights dry upon the tongue. If only one dose is given, a greater pathopoetic picture may be expected than if the dose is repeated on three successive nights. Whoever takes exception to the fluxion method can potentiate the variolin on the Korsakoffian plan on the remaining drop or on the Hahnemannian method of dropping from one bottle to the other 900 times, which requires 900 bottles. But I fear, many will not have patience enough for that.

12. This variolation can be repeated at any time when there is danger of infection, in order to quiet the public mind and protect the people.

13. The variolation can never be in want of prophylactics, because the potency can be multiplied infinitely, and it always preserves the same efficacy if the well-known homœopathic rules are observed.

14. It is desirable to observe carefully and publish the provings by variolation in order to increase our knowledge on the subject and to make the public familiar with this novel mode of protection.

15. Variolation is the easiest manner of protecting one's self from variola and can in no wise do harm.

16. Even if after the administration of variolin 900 the person should be vaccinated, and the vaccine disease should make its appearance, this is no proof against the protective power of the vari-

olin, because this remedy is not claimed to be a protective against the artificial vaccine disease, but against the infection with the natural true variola.

17. The homœopathic variolin potency is the simillimum to the infection with variola. Also the vaccine potency derived from the natural disease of the cow, not of the calf, is a simillimum as appears from provings of vaccinin published in the *The Homœopathic Physician*, Vol. III, p. 155, and can be used as prophylactic. But the variolin is to be preferred on account of its nearer relation to the human kind.

18. The objection of isopathy can not be entertained in regard to the variolation as proposed, because it is untenable for reasons which already Hahnemann has given at the close of the first volume of his chronic diseases, 2d edition, p. 188. "*Isopathic and æquale*," he says, "are misleading expressions which, if they are to signify anything, can only mean *simillimum*, because they are not an *idem*." Potentiation, in fact, makes out of the *ison* and *æquale* a *simillimum*.

19. The provings also show that the bacteria are a *post hoc* but not a *propter hoc*.

20. Variolin serves also as the main remedy for variola, being homœopathic to it, though the individuality of every single case should not be neglected in the selection of the remedy.

*Ceterum censeo, macrodosiam esse delendam.*

#### TREATMENT OF BRIGHT'S DISEASE.

BY

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THE treatment of the various renal affections classed under the generic name Bright's Disease, is in almost every particular the same for each. Certain remedies and certain hygienic measures, while indicated in all forms of the affection, are more frequently applicable to some than to others. It is therefore my purpose in dealing with my subject, to speak of the treatment of Bright's disease as a whole, merely indicating in passing, the special pathological conditions to

which special remedial measures are particularly adapted.

In the whole category of ailments to which the human frame is liable, there are none in the treatment of which, more attention should be paid to the most minute hygienic details, than in the case of the disease under consideration. The kidneys being unsound, every precaution should be adopted to lessen the amount of labor required of them. Care should be taken to preserve the normal action of the heart, lungs, skin, stomach, and bowels.

Of all matters pertaining to the treatment of Bright's disease questions, relating to the diet and to the care of the skin are the most important. The great danger to patients, lies in the accumulation of urea in the blood by reason of defective renal action. This one fact should be constantly kept in mind in arranging a suitable dietary. Now it is a well established fact, that the more highly nitrogenized the food taken, the greater will be the formation of urea and the more urgent will be the call on the kidneys to eliminate it from the system. Animal food being of a highly nitrogenized character, it is desirable that meats be banished as much as possible from the dietary. To prohibit animal food entirely and insist upon the patient subsisting on a vegetable diet exclusively, is in many cases an impossibility. Some animal food he must have. We must therefore permit him to partake of such as will work the least possible injury. In milk, we find such an article of diet. It should be taken in large quantities. The less of other nutriments taken, the greater should be the quantity of milk consumed. In those cases where the patient can be induced to partake of milk exclusively (and if this can be done, it is so much the better for him), the quantity taken should amount to from three to four quarts daily. To introduce so much liquid into the stomach in the twenty-four hours requires that it should be administered in comparatively small quantities at short intervals. A milk diet is the best for both the acute and the chronic forms of Bright's disease. In the acute, especially it should be positively insisted upon. The beneficial effect of the milk

is doubtless due to the fact, that it furnishes an easily assimilable food freely diluted. Under its influence, the quantity of urine is increased and the percentage of albumen contained, lessened. Dropsy, if such exists, begins to disappear. Of course, it is to be expected that with large quantities of fluid introduced into the system, that the flow of urine will be increased and the percentage of albumen diminished by reason of dilution. But observation will show that the diminution in the loss of albumen is not only relative but absolute. When it is impossible to confine the patient to a milk diet, then he must be permitted vegetables and on rare occasions meat in small quantities. Patients often object to the milk diet as being likely to disagree with them. While it has been my fortune to meet with many such, I have seen but few in whom the idiosyncrasy to milk was not shown to be more fancied than real on systematically and perseveringly insisting upon the use of that food as the chief means of nourishment.

Alcoholic beverages of *all* kinds should be positively prohibited. They can do no possible good, and they may work irreparable injury.

Careful directions must be given the patient respecting the character of clothing worn. In all cases, he should wear flannel next to the skin. He should be warmly but comfortably clad. Greatest care must be observed to prevent sudden checking of the perspiration—an accident which may arise from too much as well as too little clothing, and one, should it occur, very likely to throw increased work on the kidneys.

Free action of the skin must be procured. Now, I would not by any means think of advising the administration of drugs for the purpose of producing diaphoresis, as I am satisfied that but little benefit can arise from such practice. In one case, in which I used pilocarpine for this purpose, the resulting prostration and the accumulation of mucus in the air passages were so great, that the free use of stimulants became necessary. I do, however, advise the production of diaphoresis by means of the hot air bath. In the household, this may be administered with very few preparations. An alcohol lamp should be placed

under the chair on which the patient sits and then it is lighted. The patient and chair are then enveloped in a rubber water-proof, which fits closely about the patient's neck and is so arranged that there is a free circulation of the air within. Ere long, the patient will break out into a free perspiration, after which he should be carefully wrapped and protected from exposure. In case he is confined to his bed, as indeed he must be if he is affected with acute Bright's disease, another plan may be adopted. The bed clothes are raised above the patient by a series of half-hoops placed over his body and lower extremities. Then an alcohol lamp is lighted and placed on the floor by the side of the bed. A piece of metal pipe having a diameter of about four inches is next arranged so that one end shall be beneath the bed-clothes and the other directly over the flame of the lamp. A strong current of hot air is thus made to strike the body of the patient. In following this method, care must be observed to prevent restlessness on the part of the patient. Any great degree of movement of the bed-clothing may exert suction power and draw the flame upward and set fire to the bedding. I have never had any trouble in this respect, however, except in one case, in which this method was used for a very young child.

The importance of rest must be enjoined, under its influence alone, improvement will often take place. That inordinate muscular exertion may excite albuminuria is well illustrated in a case reported by Dr. Griswold, of New York, some two years since. The case in question was that of a young man who, on being examined for life insurance, was deemed an undesirable risk on account of albuminuria. Urinary examinations made by numerous physicians showed contradictory results, albumen being as frequently absent from as present in the urine. It was finally learned that previous to the passing of the urines in which albumen was found, the patient had taken boxing lessons. On giving up the violent exercises, the albuminuria disappeared. The question naturally arises whether to make rest in the treatment of Bright's disease absolute or merely relative. No hard



and fast rules can be made to govern the physician on this point. The temperament of the patient, together with the surroundings, will influence him largely in the matter. Other things being equal, the nearer to absolute rest we give the patient, the better it is for him. Rest in bed is, however, irksome to many, and the confinement and the deprivation of out-door air may more than make up for its beneficial effects.

Now, a word on the treatment of dropsy, should this condition be present. It is a common practice among the followers of the dominant school to make use of diuretics for the purpose of reducing the œdema. Such practice is decidedly reprehensible. The kidneys are diseased and should have as much rest as possible. Diuretics throw extra work on the kidneys and while they may lessen the dropsy, they rarely, if ever, accomplish any permanent good. If the dropsical accumulation increases despite the use of the properly selected remedy, the best means remaining for its reduction is tapping. I would lay particular stress on the tapping of œdematous limbs by fine trocars, and not by the use of incisions, as commonly employed. The trocar and canula are first inserted into the limb ; after which the trocar is withdrawn, and the canula, which is made of silver, is left in position. To it, is next attached a piece of fine rubber tubing, which carries the dropsical fluid into a proper receptacle. The tube and rubber are retained in place by the adjustment of adhesive plaster. They are permitted to remain for a couple of days, when they should be removed and re-inserted. By this procedure, as much as three or four quarts may be withdrawn from each limb within twenty-four hours.

We now come to the medicinal treatment proper of Bright's disease. I shall not attempt in the following pages to mention all the remedies of use in the disease, nor will those given be referred to in any systematic order. I shall simply speak of such as are more frequently indicated, with their most important indications. The first remedy to which I shall refer is arsenic.

*Arsenicum album* enjoys a wide-spread reputation as a remedy for Bright's dis-

ease. Baehr (*Science of Therapeutics*, vol. 1), referring to it, disparages its use in this connection, inasmuch as, so he claims, it has never in poisoning cases, produced any further kidney changes than a mere temporary congestion. A careful review of its symptomatology, however, leads us to regard it as a valuable remedy. The patient's face is pale or of a waxen hue ; œdema of the eyelids may be noticed. There is a tendency to inflammations of a low tendency with serious blood-changes such as are frequently observed during the course of Bright's disease. These inflammations may end in gangrene. The characteristic pain under arsenicum is of a burning character, sometimes accompanied by throbbing in the painful part. Relief is obtained from hot applications. The patient experiences great thirst, to satisfy which, he drinks small quantities at short intervals. There is marked irritability of the stomach ; even a small quantity of food or drink may be vomited as soon as taken. It is also a remedy for the diarrhœa occurring during the course of the affection. The stools are bloody and slimy, and contain undigested food ; or the stool may be brownish and exceedingly offensive. It is also indicated in cases accompanied by cardiac disturbances, such as hypertrophy. Great restlessness and anguish become characteristic symptoms. General œdema is manifested. Even hydrothorax and hydropericardium may be present. The urine is highly albuminous. Notwithstanding, the skin may feel cool, the patient experiences marked internal burning. It is especially indicated in chronic tubal nephritis, waxy and fatty degenerations of the kidneys.

Other preparations of arsenic are useful in Bright's disease. We may mention in particular *arsenicum hydrogenisatum*, *arsenicum jod.* and *calcarea ars.* The *arsenicum hydrogen.* is recommended by Dr. J. F. Cooper, of Allegheny City (*Pennsylvania State Society Transactions*, 1883), as being the best remedy for renal hæmorrhage.

*Arsenicum jod* is a valuable remedy in Bright's disease. Its use is largely empirical. It has a powerful influence in reducing the amount of albumen in the urine. It is especially indicated in



cases associated with cardiac disturbances.

*Calcareo arsenicosa*, (Lilienthal's *Therapeutics*) it is claimed, sometimes helps, when *arsenicum album*, though apparently indicated, fails.

*Apis mellifica*. The cutaneous surface has a waxy or transparent hue. The urine is scanty, dark-red, and highly albuminous. There is swelling of the eye-lids. The dropsy becomes general. Hydrothorax and hydropericardium appear. Dyspnœa, which is intense, forces the patient to sit upright. There is, however, no anguish or fear of death, as with *arsenicum*. The surface of the body feels sore and bruised, as if pounded. Thirst is absent. It is especially indicated in the acute Bright's disease after scarlatina.

*Plumbum*. In chronic poisoning cases, lead may produce a chronic interstitial nephritis. It may also give rise to recurrent convulsions of epileptiform nature. It is indicated in contracted or gouty kidney, when there is very little dropsy. The tendency to uræmic convulsions is marked.

*Phosphorus* is a remedy for fatty, amyloid and granular degenerations of the kidney, and for the albuminuria of pregnancy. There is a marked hæmorrhagic tendency. Hæmorrhages may occur from any part of the body. (Edema of the lungs or bronchial catarrh may complicate the case. The disease affects the eyes, and we have present retinitis albuminurica attended with flashes of light before the eyes. The right heart is affected, and in consequence we have venous congestion of various organs of the body. If the case be further complicated by fatty degeneration of the liver, tuberculosis or caries, phosphorus is more apt to be the indicated remedy. •

*Terebinthina* in cases of poisoning, produces very marked renal symptoms, which show the drug to be of value in acute tubal nephritis. Baehr (*Science of Therapeutics*, vol 1, p. 603) quotes a case of poisoning by this drug in which the patient experienced "frequent urging to urinate with scanty discharge of a burning urine containing bloody coagula." "The urine which was copiously mixed with blood and albumen showed under

the microscope cylindrical casts, inflammation cells, crystals of the oxalate of lime, but no epithelium." The hæmorrhagic tendency and anasarca are present. Baehr recommends it in the first stage of acute Bright's disease. The characteristic appearance of the urine when terebinthina is the remedy is a dark smoky color. This is associated with dull aching in the region of the kidneys.

*Aurum* is indicated in cases associated with marked cardiac hypertrophy. At first the urine is increased in quantity; later, it becomes scanty and albuminous. There may be congestion of other viscera. It is useful in cases having asyphilitic or mercurio-syphilitic origin. A prominent old-school authority, Dr. Robert Bartholow, highly recommends a preparation of aurum, the double chloride of gold and sodium in contracted kidney. He claims for it the power of causing absorption of exuberant connective tissue formation.

*Helleborus* is one of the remedies for post-scarlatinal nephritis. The urine is dark, scanty and loaded with albumen. On standing it deposits a dark sediment which has been compared in our text books to the appearance of coffee grounds.

*Fuchsin* is spoken of by Tyson as a remedy which has been recommended by Feltz and Bouchet in the treatment of albuminuria. These authorities claim that under its influence, the amount of albumen in the urine begins to disappear. At the meeting of the Pennsylvania State Society held in Philadelphia in 1883, Dr. Hasbrouck of Brooklyn spoke of this remedy as having produced albuminuria. He also recommended it in the second decimal trituration as a remedy for that condition. He had observed no beneficial effect from it, however, beyond its power of lessening the quantity of albumen in the urine.

*Cantharis*. This remedy enjoys a wide spread reputation in the early stages of acute nephritis. Symptoms of renal and vesical irritation predominate. There is dull aching pain in the region of the kidneys with violent cutting pains extending down the uterus from these organs to the bladder. The renal region, externally, is sensitive to touch. The urging to urinate is almost constant.

Often cutting pains extend down the penis and even into the spermatic cord causing retraction of the testicles. The urine is high colored and scanty; and contains blood, epithelial cells, tube casts and albumen.

*Hepar* has been recommended by Kafka for acute tubal nephritis after scarlatina on account of its power of controlling croupous exudations when occurring elsewhere. The urine under *hepar* is dark red and bloody, and causes scalding sensation in passing. It can not be said of this remedy, so far as its symptomatology indicates, that it bids fair to be of any great utility in the treatment of acute Bright's disease. In the chronic form of the affection, numerous symptoms may arise which will call urgently for its exhibition as an intercurrent remedy.

*Kali Hydriodicum*. when administered in large doses for any length of time produces albuminuria with increased flow of urine. I have reported elsewhere the case of a patient with contracted kidney, in whom the administration of this remedy in five grain doses, gave rise to uræmic symptoms. *Kali hyd.* is homœopathically indicated in Bright's disease occurring in gouty or syphilitic constitutions especially after the abuse of mercury.

*Euonymus atropurp.* has been recommended as a remedy for albuminuria. Lillenthal gives as symptoms pointing to the use of this remedy, head-ache, the severity of which is in direct proportion to the amount of albumen in the urine. The mental condition is one of melancholy. This is associated with bodily weakness.

*Cuprum* is indicated when uræmia sets in and convulsions appear. These convulsions alternate with delirium which is characterized by marked loquacity. The respiratory muscles are affected in the spasm. The face and tongue become blue. The breath is cold.

*Mercurius corrosivus* is called for in albuminuria after diphtheria or appearing as the result of syphilis or abuse of alcohol. The urine is increased in quantity and is pale in color. The face and feet are puffy and swollen. Secretions are offensive. There is marked tendency to ulceration. A

recent allopathic writer speaks of mercury as having the power of producing albuminuria. He does not however consider that the complication of syphilis by albuminuria is a contra-indication of the remedy; on the other hand, he insists that the mercury will exert a beneficial effect on the urinary symptoms.

*Mercurius cyanatus* is referred to by Hale as a possible remedy in the croupous form of nephritis following diphtheria and scarlatina; and also when during the course of diphtheria, the diphtheritic process attacks the kidneys.

*Convallaria* has been used by allopathic physicians as a diuretic. I have used it but have failed to derive much benefit from it. As a homœopathic remedy, the indications for its use have not been clearly fixed.

#### MEMBRANOUS DYSMENORRHŒA IN AN HÆMOPHILA, WITH PURPURIC SYMPTOMS.

BY

R. W. HERBERT, M.D.,

Manasquan, N. J.

I HAVE read with great interest the cases of purpura hæmorrhagica reported in your journal, and shall report a case that has occurred in my own practice. I am sorry I did not keep a full account of the case, but owing to its being an unusual one, it has been vividly impressed on my mind. I must say here that I greatly sympathize with Dr. Angell as I have been in the same position, hunting for the proper remedy and seemingly seeing my patient dying from exhausting hæmorrhages before my eyes. It is far easier to say that such and such a remedy if given would have cured the disease, but being placed in a position similarly to Dr. Angell, we might have done the same as he has done. In fact at one time in the following case I would have done anything I thought would have helped my patient.

Julia S—, age 15. *Previous History*—During her life she had always been troubled with hæmorrhages—even the bleeding from a slight cut of the finger could scarcely be stopped. Several times her life has been despaired of from epis-

taxis even after plugging of the anterior and posterior nares, the bleeding continuing through the gums around the teeth. The hæmorrhage would continue until it seemed as if the patient had lost nearly all the blood in her body.

On November 27, 1882, I was called to see her and found her flowing very freely, her menses having appeared a week previously. The hæmorrhages continuing for about ten days were so profuse, that I have known her mother to fill a twenty-five pound paper flour sack full of napkins soaked with the bloody discharge and a common chamber  $\frac{1}{3}$  full of blood clots in the course of twenty-four hours. During this period the girl would be seized with pains resembling labor pains, caused by the expulsion of a blood clot from the uterus. These clots resembled the uterus in shape, about two inches long,  $\frac{3}{4}$  to  $1\frac{1}{2}$  inches wide, and  $\frac{1}{2}$  inch thick, covered with a membrane. At its widest part were two openings corresponding to the fallopian tubes and below an opening for the cervix. It seemed as if the endometrium had come off with the clot. On cutting open this membrane I found a firm clot with small thread like fibres running in different directions through the clot and attached to the lining membrane. I have known two or three such clots to pass in twenty-four hours, but the membrane was not as fully formed.

During the first ten days an eruption appeared, covering the front of thighs, abdomen, chest and arms of blood spots, varying in size from a pin's head to that of a pea. These spots at first were reddish but soon assumed a dark purplish color and were accompanied with great tenderness of the abdomen, so that the patient could scarcely bear the weight of the bed clothes. During the continuance of the hæmorrhage I resorted to the use of a tampon, when the patient was immediately troubled by epistaxis which ceased on the removal of the tampon. On the subsidence of the hæmorrhage the patient was further prostrated by nausea and vomiting with continual retching which lasted four or five days. This was followed by an attack of hæmaturia and lastly by severe attack of diarrhœa.

From the middle of December to the first of January the patient was uncon-

scious, if raised the least from the prone position, syncope, lasting sometimes a half hour, occurred. There was not the least color, lips were perfectly white, heart beats very rapid, weak, and with marked anæmic murmurs. From this time she began slowly to improve and by the first of March was able to sit up. During convalescence she was troubled with dropsy, bronchitis, and violent palpitation of the heart, so violent as to shake the bed on which the patient lay. During her entire sickness when conscious her cheerfulness was very marked.

When about seventeen she looked the picture of health, weighing about 140, fair skin, red cheeks, dark hair and eyes, bright cheerful disposition, menses very profuse lasting about a week. Since 1882 she has had four attacks of hæmorrhage, but all were light when compared with the first, and she was able to be around in three or four weeks. During the past October she had her last attack which was not very severe, she did not lose near the amount of blood, but instead of being cheerful as before was very dispondent. Under crotalus her hæmorrhage was soon controlled and I left her on the 19th putting her under cinchona, she being able to sit up.

On the 26th was recalled and was surprised at the change. Her mother told me that on the 23d her menstrual flow had appeared which was very free, but lasted only two days. She was much prostrated complaining of pain in top of head. On 27th was much weaker, constant pain in top of head, some nausea and vomiting, her complexion had assumed a yellowish cast, she grew rapidly unconscious and died that night. She had no fever during any of these attacks. I am at loss to account for the cause of her death unless her system had become weak from previous attacks. During seeming good health slight pressure at any time on her flesh would cause a mark similar to that produced by a bruise. There was a tendency of the gums to bleed.

*Remedies.*—Thinking at first I had a case of menorrhagia put patient under sabina followed by ipecac. When eruption appeared with great tenderness gave lachesis, also phosphorus, hamamelis, ergeron, belladonna. But fluid extract

of ergot in drop doses every two hours seemed to control the hæmorrhage the best. During convalescence first cinchona and then apis best controlled the dropsy, and digitalis the palpitation of the heart. For about six months I had patient under phosphorus 30 one dose daily except occasionally I gave a dose of sulphur. I also had the patient under arnica 30 and hamamelis 30 for a considerable time.

## STIBIUM ARSENICOSUM.

BY

DR. MATTES, RAVENSBURG.

(From All. Hom. Zeit.—Jan 13th, and Feb. 3rd and 24th, 1885. Translated by Horace F. Ivins, M. D., Phila. Read before Hom. Med. Soc. of Phila. Co.)

Among the remedies which still await proper recognition, belongs without a doubt, stibium arsenicosum. In the *Zeit. des Berliner ver. hom. Aerzte*, page 291, extracts from *L'Art Medicale*, by Dr. Hafa—I find this remedy dismissed in three lines.

It appears to be used, as yet but little, by homœopathic physicians. In fact, the only homœopathists who have recognized the worth of this remedy, were Fischer and Haarer, the latter of whom, I have to thank for my knowledge of the remedy.

Haarer says: "stibium arsenicosum acts upon the left chest only, on the heart and left lung, in pericarditis; left sided pleurisy, in recent and old exudations; further in left sided pneumonia, when apparently incurable; even in the stage of asphyxia the remedy acts promptly and surely. On the right side, on the contrary, the remedy has no action."

It is best to prescribe from 0.05 [ $\frac{1}{2}$  gr.]—0.06 [1 gr.] of the 1x trituration per day; larger doses often give rise to uncontrollable diarrhœa, which, if in old persons, may prove quite dangerous.

I have used stibium arsenicosum for the past year and have, in the main, confirmed the indications as given by Haarer, but on the contrary, I found the remedy to act excellently on the right side, in a striking case. I have also seen an old right sided pleuritic

exudation quickly disappear under the influence of stibium arsenicosum. The clinical history follows.

In addition to the foregoing, I have seen this remedy speedily improve and cure cases of children suffering from catarrhal pneumonia, where no other remedy could be found to give improvement; and in spite of Haarer's indication the pneumonia in two cases, was greater on the right than the left side. Following are the condensed clinical histories of two cases.

*1st. case: Left sided pleuritic effusion.* On September 15th, I was telegraphed for to see Sexton K. of Fr., æt. 68 years. The patient had been suffering for three weeks, nominally, from a catarrhal fever. The local physician had been treating the case. I found the patient lying on his back, with pale, distorted face, emaciated, and exceedingly dyspnœic. He complained of decided headache and sharp pain in the region of the spleen. He also suffered from dry, tormenting cough and drowsiness. Examination revealed the following: quite marked fever with perspiration, pulse 120–130: left sided pleuritic exudation. Percussion and dullness reached front, to the third rib; in the back, two fingers' breadth beyond the lower angle of the scapula. Respiratory murmurs were scarcely to be heard, no friction sounds, but on the contrary, a dry catarrh existed in the upper portion of the lungs. Heart was dislocated. The exudation was complete. For eight days, I gave aconite and bryonia. The headache abated, as also the fever and cough a little. But the exudations remained the same. I then gave stibium arsenicosum, 1 trit. 0.05 [ $\frac{1}{2}$  gr.] per day; eight days following the exudation was reduced one half, and the patient breathed much easier. The fever only made its appearance during the evenings; in another eight days, the stib. ars. had removed every trace of the exudation. The general condition of the patient was evidently much improved, but on account of his age, naturally a loss of strength of the body remained longer.

*2nd. case: Right-sided pleuritic Exudation.* On the 21st of September, 1883, I was called to see the forty year old wife of watchman Fr., in M. The



patient had given birth to a child, ten weeks previously, and fourteen days afterwards a pleurisy developed, for which she was treated, until I was called, by an allopathic physician. Thirty empty medicine bottles stood upon a chest in the bed-room;—sufficient witness of the medicine prescribed. The patient was extremely emaciated, with woe-begone expression, and complained of difficult breathing and annoying dry cough: she said she would be happy if the cough were only looser.

Condition: skin hot and moist, pulse 110–115. Thirst comparatively slight. Sleep and appetite poor; much saliva in the mouth; the cough so severe, that accompanying the expectoration, once or twice daily, from three to four tablespoonfuls of clear water were thrown off; whether the cough brought this from the bronchial tubes, or by strangling it was brought from the stomach, I could not explain.

The physical exploration revealed, posteriorly on the right, an absolute dulness to the spine of the scapula; anteriorly, to the second rib. The respiratory murmur was destroyed over the whole chest. Catarrh of the apex of the right lung, the left was free. Abdomen was normal, with the exception of the region of the liver being sensitive to pressure.

Conjecturing a hydrogenoid constitution, I gave at first, natr. nit. and natr. mur., for I was at the same time treating cases by these remedies, which brought about decided improvement in the general symptoms; the appetite was somewhat improved, and the constipation, which had existed, disappeared. The exudation was unchanged. On the 30th of September, I gave *hepar s.* 6th. After fourteen days' use, I found that it had caused but slight decrease in the exudation and dyspnœa. The temperature was still quite high, especially in the evenings. Pulse but little decreased in frequency.

October 15th, the patient suddenly experienced a sharp stinging pain in the left side, in the region of the spleen; the pulse became more frequent, and the suffocation increased. I could as yet prove nothing, neither that a friction

sound existed, nor that there was a beginning exudation. In spite of Haarer's assertions, I concluded to give stib. ars., o. o5, [ $\frac{5}{16}$  gr.] of the 1x trituration *pro die*.

I visited the patient on Oct. 21st. Her relatives, strange to say, did not report during the whole time. I was, therefore, much exercised over the result. The husband met me on the way, with joyful countenance, and explained to me that the patient was better in every respect. The examination confirmed it; the exudation had entirely disappeared—temperature normal; pulse 80; breathing much easier. The cough loose, mucous expectorated. General condition, good; pain in the left side gone. The patient said she was obliged to pass large quantities of urine in the past few days. The urine, which had been fiery red, was clear. I continued the stib. ars. for six days, and at the next visit, had the pleasure of seeing my patient out of bed. I found the lung very much cleared up. The patient is now entirely well. Later I gave her phosphorus and kali carb.

#### *Third Case. Pericardial Exudation.*

Rev. K., of E., was affected the last of October by tenosynitis of the left leg. His attending physician ordered the use of ice-water compresses. The inflammation quickly disappeared, but eight days following the patient became dyspnœic, which caused him much anxiety. He sent for me. I diagnosed a pericardial exudation, which extended upward as far as the second rib; to the right, a little beyond the edge of the sternum; to the left, two fingers' breadth beyond the nipple line. I ordered stibium arsenicosum 1st, and in eight days the exudation had disappeared.

#### *Fourth Case: Severe Catarrhal Pneumonia.*

On the morning of the 17th of August, I was sent for to see the four-year-old daughter of Post-Master B. For four weeks she had been treated without result, by two allopathic physicians; their diagnosis being catarrhal pneumonia, following measles. When I arrived, the child lay in a stupor, with half-closed eyes, marked dyspnœa, face and mucous membranes cyanotic; respiration and

pulse scarcely to be counted ; skin hot and covered with perspiration, especially on the head ; temperature  $40^{\circ}$  [ $104^{\circ}$  F.], great thirst, little appetite ; constipation.

Physical condition : over both lungs, especially the right, numerous large, bubbling, moist râles, with bronchial breathing in the lower posterior and lateral portion of the lungs. In the lower portion of the right lung—in the axillary line—was a dull space, over two inches in extent (infiltration) ; posteriorly both sides showed small spots of infiltration in the lower portion. I gave phos. 3 ; some improvement on the following evening. Aug. 18th, A. M., she was decidedly worse, which induced me to give tart. stib. 3. The child was bathed in perspiration and cyanotic ; the symptoms, in other respects, the same as on the previous day.

Aug. 19th—much worse, severe cyanosis, dyspnœa, rattling in the throat—carbo veg. 30. Apparently better in the evening, which on the day following proved to be illusory.

Aug. 20th—I gave stibium arsenicosum 1st, .003, [ $\frac{1}{100}$  gr.] to be taken in twelve hours. In three hours a decided improvement was noticeable. The progress of the case was uninterrupted from that time. There is no doubt that the stib. ars was the curative agent. In eight days the child was nearly well.

Since the case above recorded, I have had the pleasure of curing a number of severe cases of catarrhal pneumonia with this remedy. Only in the past few months, several cases, badly treated, have come to me from allopathic physicians, *i. e.*, of children who developed pneumonia following measles ; and no other remedy has proved so curative as the stibium arsenicosum. The remedy was, also, always reliable in cases of simple catarrhal pneumonia, not preceded by measles. I had the good fortune to save my own boy (six years old) with this remedy. Since I have been using it I have not lost a case of catarrhal pneumonia. This medicine seems active in combating those cases which have been maltreated by our brethren of the other school.

I wish, therefore, to urge my colleagues to give this remedy a fair trial. However, I wish to call their attention to the

fact that it is not always possible to obtain the preparation in its purity. Where possible, it should be obtained from a reliable pharmacy ; for that which is kept by the majority of druggists does not always give the desired results.

#### PSORA FROM AN ALLOPATHIC STAND-POINT.

On Phthisis Pulmonalis, by Dr. Meissen, of Falkenstein.—*D. Med. Zeitung*, 97, 1885.

Translated by Prof. Lilienthal.

1. The common pulmonary phthisis in man, the bacillary phthisis, is a chronic infectious disease, caused by the well-characterized bacillus tuberculosis of Koch. It appears in a phthisical lung so constantly that it was considered the ultimate cause of the disease.

2. The clinical course, the obstinacy and malignancy of phthisis pulmonalis corresponds with a chronic infectious disease, and not with a simple inflammation. But we must recollect that a labile state of reaction is a very characteristic symptom of most, especially far progressed phthisis.

3. In most cases careful examination easily reveals the presence of the bacillus tuberculosis, which thus becomes a most valuable aid in diagnosis. The numbers of bacilli in the sputa are of far less importance. Benign cases, or stationary ones, having run their course, show sometimes enormous quantities ; whereas the absence of the fungus in the sputa does not exclude its presence in the lungs. Its presence only shows that it came from a bacillary affected spot in the bronchi, but the totality of all the symptoms only gives the cue to the prognosis.

4. Bacillary phthisis arises from the inhalation of the tubercular fungus or of its spores, which is found everywhere in civilized countries, and especially in the sputa of phthisical patients. But for the production of the disease an unlucky inspiration which carries the fungus into the lungs does not suffice, for it is inhaled over and over by most people, and still only a small per cent. succumbs to phthisis. The development of phthisis depends on certain preceding conditions, which as *causa proxima* are closely

connected with the *causa movens*, the fungus.

5. These preceding conditions, which can be more or less demonstrated in all infectious diseases, may be called *the disposition*. In bacillary phthisis it consists in a weakening, depotentiating, deficient nutrition either of the whole body or only of the lungs, corresponding to the old truism, that a perfectly healthy person never becomes consumptive as long as he is thoroughly well.

6. The presence of such a disposition can be shown in every case of phthisis. We must differentiate a constitutional from a local disposition to phthisis, though it will be sometimes difficult to do so, as both may concur in one and the same case. The constitutional disposition is often congenital, often probably based on a malproportion in the size and functional ability of heart and lungs.\* Often, also, it may be acquired in consequence of exhausting diseases, loss of blood or other fluxes, insufficient nutrition, worry and over exertion, excesses of any kind. A local disposition may be given by diseases and changes in the lung-tissue, and thus the conditions for the habilitation of the fungus may be given even in formerly robust persons. Such are: inhalation of dust, pleurisy, whooping cough, morbillous catarrh; catarrhal, more rarely fibrinous

pneumonia. Catarrhal pneumonia is probably the last causal momentum for the habilitation of the fungus and the development of phthisis.

7. The tubercle bacillus can only grow in an organism already debilitated with deficient nutrition, with a tissue change taking place without energy, and thus coming out victorious in the battle with the cells, produces the disease.

8. Let it be known that there is no specific treatment for this disease, neither climatic, balneological nor medicinal, nor is there the least chance to diminish the spread of this bacillus in civilized countries. What we can do and what we must do, is to diminish the disposition to the disease, so that the fungus will not find the nest prepared for his settlement.

9. The prognosis of bacillary phthisis is therefore less determined by the bacillary infection than by the strength which the attacked organism can oppose to the intruder, so that the infected part of the lung can be isolated and expelled. All measures will fail where the disease is far advanced, but it is our duty to recognize early the pre-existing conditions leading to bacillary infection, and to remove them before the breaking out of the disease, or to stop its spread at its very beginning. Here the early recognition of the bacillus in the sputa is of the utmost importance, and we must never make light of a catarrh in the apices of the lungs.

10. Hygiene is therefore the basis of our rational treatment; every other treatment is secondary to it. Whether we select this or that renowned place is not of so much importance as that the patient be strictly kept under medical supervision, so that the hygienic principles may be carefully carried out.\* It is true that it is often more easily done in sanatoria, but poor people have not the means for it, and still we must do

\* Brehmer, in his classical work, "Die Aetiology der Chronischen Lungenschwindsucht," says, page 153: The physiological consequence of the malproportion between heart and lungs, which is the rule in the phthisical habitus, inasmuch as the heart is abnormally small and the lungs abnormally large, consists undoubtedly in the fact that the lungs become the *locus minoris resistentie* and thus cause the disposition for morbidity in the pulmonary tissue. We need not wonder, therefore, that the bacilli tuberculosi begin in the lungs their mischievous activity. Let us also consider that in persons with the phthisical habitus, or generally in all persons, where from some cause or another the strength of the heart is diminished, the blood in the lungs circulates more slowly, and we have another reason for the acute infection, habilitation and increase of the bacilli tuberculosi in the lungs. Benecke also found that narrow lumina of arteries are relatively frequent in phthisical and scrofulous processes, and this narrowness, in connection with the small size of the heart, causes that weakness, that diminished power of resistance, and hence deficient nutrition, which precedes and accompanies the phthisical process.

\* Here, again, the same principle holds good, as in the early admission of lunatics in insane asylums, where statistics show more cures the sooner the patient was withdrawn from business cares and home influences, and kept under the strict regulations of a well-ordered institute. How many diseases could be prevented, if people were able to understand the principles of life and would live up to them in their own behalf as in that of their descendants.



our best to bring them under the same wholesome rules.

We may divide phthisis tuberculosa into its different stages :

1. *Initial Phthisis.* The general state of health is still good ; abnormal murmurs by rhonchi are still limited to a small spot, mostly to one or the other apex. Elastic fibres and bacilli can already be demonstrated in some cases, but not yet in all, as expectoration may still be absent.

2. *Active Phthisis.* Changes in the lungs have already more or less taken place. The sputa show bacilli and elastic fibres. Some malaise, more or less high fever, night sweats, prove that the morbid process is still active and careful treatment necessary for its eradication.

3. *Progressive Phthisis.* Fever more lasting, of a remittent type, the disease steadily progressing to its fatal issue.

4. *Florid Phthisis,* acute caseous pneumonia and miliary affections, often running a very rapid course.

5. *Stationary Phthisis,* where we are often enabled to produce a relative cure, though residue of the destructive processes in the lungs, dulness, rattling murmur, cough and expectoration, diminished capacity of labor remain. The absence of all fever, the bien-aise prove that the process is at present stationary, and the focus of the disease is for the time kept in limits. As soon as phthisis has passed a certain extension, this will remain our only hope, as a total cicatrization is excluded on account of the unyielding nature of the thoracic walls.

LEYDEN justly remarks that our knowledge on the origin of pulmonary tuberculosis has so far not been advanced by the discovery of the bacillus, and Jousset utters the same sentiment in his article on Microbomania, and when, after all the blowing and bragging over recent pathological advances, the old-fashioned phthisical habitus and that unknown quantity, that X, here called disposition, is brought back to its old position, it behooves us to replace the Psora theory, another name only for disposition, in its place of honor, and though Hahnemann and his Organon were scorned and held up for derision because he had said that the

macroscopic acarus may be necessary for the development of his Psora, the old school and the majority of our homœopathic physicians swallow now with perfect delight disposition and microscopic bacilli. Autenrieth nearly a hundred years ago, proved that even the acarus will hardly ever produce the genuine itch, except in persons below par, and we now have the same proposition broached in the habilitation of the disease-producing fungi. Let the student or practitioner compare what Hahnemann teaches in his Organon, and especially in the introduction to his Chronic Diseases, and we must feel pleased that the ideas promulgated by this medical reformer more than half a century ago now find expression in the works of recent writers of acknowledged ability and authority. Hahnemann lived in advance of his age, and the expressions he used may be faulty, for medical science has made some progress during the nineteenth century, but his idea was true, and the *internal enemy, which he called psora, we now denominate low vitality.* To eradicate this disposition, hygienic treatment *ab ovo* to be of the utmost importance, is a principle agreed upon by all schools and carried out wherever possible. During the life of our master, hygiene held yet a subordinate position, and he tried, therefore, to root out this internal enemy, this Psora, by his antipsoric remedies. Looking over this list of antipsoric remedies, there is hardly one which does not find also its indications in cutaneous affections, and the experience of a host of physicians shows that the more these outward signs manifest themselves the more rapidly and thoroughly our treatment will lead to restoration of health.

Chargé, in his "Traitement Homœopathique des Maladies des Organes de la Respiration," page 260, says : Phthisis can be cured in any of its stages, even in the period of suppuration. Pathological anatomy revealed this possibility, and experience confirmed it. It needs zeal and perseverance, and our chances of success are so much greater the more we are able to attack the disease at its very origin. We may suspend or attenuate the tuberculous seat, we may favor and hasten the cicatrization of cavities, but



our chief duty remains to combat the diathesis, which presides over the formation of tubercles, a diathesis whose first development often goes back to infancy, and whose sequelæ can be stopped by judicious internal treatment and good hygienic conditions.

The late Dr. Frost (*Amer. Hom. Review*, Oct., 1863) truly remarks : The method by which Hahnemann arrived at his psoric theory may seem insufficient, as the limits within which he proposed to restrain it were too narrow. But his far-seeing mind overleaped some of the intermediate steps in the chain of reasoning, and as if by a sublime intuition, seized at once the mighty principles of hereditary disease, the master key to all that is abnormal and obscure in the physical history of man. S. L.

**PROF. G. M. PEASE, PROF. A. MCNEIL,  
AND THE SAN FRANCISCO HOMŒO-  
PATHIC COLLEGE.**

IN June, 1884, the Hahnemann Medical College, of San Francisco, opened its doors for the instruction of those desiring a homœopathic medical education.

The "announcement" gave notice that three full courses of lectures must have been attended to entitle a student to graduation. Not long after the beginning of this course a little article appeared in an Eclectic medical journal, which seemed to reflect upon the Hahnemann College, as it stated that one or more students had been accepted in the graduating class who had attended but *one* course of lectures. At a meeting of the faculty, held after the publication of that article, the subject was brought up, and the dean stated that the accusation was false, that he had himself seen the credentials of all, and that they were all right.

At about the time for graduation in October, and after the examinations had been concluded, the question again came up as to whether certain parties had complied with the requirements, and, it being then understood that they had not, the diplomas though filled out were not generally signed by the members of the faculty, and at the graduating exercises

the names of those parties were not included in the printed list of graduates.

Later, an effort was made to get the signatures upon the diplomas in question, and nearly all signed them upon the representation that investigation had shown the parties to have complied with the requirements.

The following card was received bearing the post-mark of Dec. 21, 1884 :

"DEAR DOCTOR:—There are two diplomas to be signed, Mrs. Edmonds and Mrs. McClelland, and I was ordered by the board of directors to have them signed at once.

Fraternally,  
H. C. FRENCH, M. D.,  
Registrar.

P. S.—Will you please call at the office some day soon and sign them. F."

This reply was forwarded to the registrar :

"SAN FRANCISCO, CAL., Dec. 23, 1884.

H. C. FRENCH, M. D. :

DEAR DR. :—Your postal card rec'd. I certainly was informed that the two parties whose names you give had been pronounced as ineligible for graduation, and as I have not known of any meeting of the faculty, I cannot understand how the directors should *order* (you used the word 'ordered') the faculty to sign diplomas for parties who had not satisfied the faculty that the requirements of the college had been complied with.

(Signed) G. M. PEASE."

Two members of the faculty were not however convinced, and did not sign.

The next in order is the following :

"HAHNEMANN  
MEDICAL COLLEGE, NUCLEUS HOUSE,  
SAN FRANCISCO, DEC. 30, 1884.

DEAR DOCTOR :—I have the pleasure to inform you of your re-election to the chair of "gynecology and surgical diseases of women."

Yours fraternally,  
(Signed) W. E. LEDYARD."

Later on comes a letter from the dean :

"DR. C. B. CURRIER,  
921 ½ Geary St.  
Office Hours :  
11 to 12 A. M. 7 to 8 P. M.  
Telephone, 2145.

SAN FRANCISCO, JAN. 31st, 1885.

G. M. PEASE, M. D.

DEAR DOCTOR :—As there is to be a meeting of the Directors this evening, at which I am expected to report your con-

clusion in regard to the diplomas of Mrs. Edmonds and Mrs. McClelland, will you kindly signify your decision—yes or no. Please return answer by bearer.

Yours fraternally,  
(Signed) C. B. CURRIER."

This answer was returned :

"In the matter of diplomas for Mrs. McClelland and Mrs. Edmonds, will say that if the board of directors officially inform me that both parties have complied with the requirements of the college so as to entitle them to them, I shall most certainly sign."

On the next day a reply was received :

"HAHNEMANN  
MEDICAL COLLEGE, NUCLEUS HOUSE,  
SAN FRANCISCO, JAN. 31ST, 1885.  
G. M. PEASE, M. D.

DEAR DOCTOR :—At a special meeting of the board of directors, the following resolution was adopted : 'That Drs. Pease and McNeil be informed that in the opinion of the board of directors the requirements of the College have been complied with, so as to entitle Mrs. McClelland and Mrs. Edmonds to their diplomas.'

By order,  
(Signed) W. E. LEDYARD,  
Secretary."

An official statement of *fact* being requested, and only an *opinion* received, an investigation was made for myself. The deans of the colleges, at which the claimants were reported to have taken their previous courses, were interviewed, and made statements so directly opposite to those reported, that I concluded not to sign until I was perfectly satisfied as to the correct state of affairs.

Next came another note from the dean :

"DR. C. B. CURRIER,  
921 ½ Geary St.  
Office Hours :  
11 to 12 A. M. 7 to 8 P. M.  
Telephone, 2145.

SAN FRANCISCO, FEBY. 15TH, 1885.

DR. G. M. PEASE.

DEAR DOCTOR :—The diplomas of Mrs. Edmonds and Mrs. McClelland are at my office awaiting your signature—will you kindly call and sign them at your earliest convenience.

Fraternally yours,  
(Signed) C. B. CURRIER."

It was unofficially reported that the

diplomas would be held until after the next course of lectures, but as I objected to their being dated Oct. 30, 1884, if not intended for delivery until a year from that date, I refused to affix my signature.

Nothing further was heard upon the subject until about the 20th to the 25th of May, 1885, when one of the members of the board of directors called upon me with a request for my signature to the diploma of Mrs. McClelland—I again refused, saying that under the circumstances I could not, in justice to myself and the good name I wished the college to bear. Again I was told that the diploma would not be presented until the close of the next course of lectures, and again I replied that I could not sign a diploma with the date of 1884 upon it. Being accused of stickling at technicalities, I replied that I did not think a false date could be so classed.

Upon my decided refusal to sign, the member of the board of directors took his leave.

On the 30th of May the following was received :

"HAHNEMANN  
MEDICAL COLLEGE, NUCLEUS HOUSE,  
SAN FRANCISCO, MAY 29TH, 1885.  
G. M. PEASE, M. D.

DEAR DOCTOR :—At a meeting of the board of directors of the H. M. C. of S. F., the chair of "gynæcology and surgical diseases of women" was declared vacant. On behalf of the Board, I tender you the most sincere thanks for the efficient manner in which you have filled the above professorship.

Fraternally yours,  
(Signed) W. E. LEDYARD, Sec'y."

The course of lectures was to begin June 2d. Not wishing to feel that a wrong could possibly have been committed by my refusal to sign the diplomas, I again interviewed the deans of the other colleges, and obtained from them the following affidavits :

"DEAN'S OFFICE,  
COOPER MEDICAL COLLEGE,  
SAN FRANCISCO, JUNE 6, 1885.

From the register of the Medical College of the Pacific I find the following record of matriculation in the handwriting of the applicant :

"Sept. 12, [1882], Mary Elizabeth Edmonds, [aged] 46, [birthplace] Maine,

[residence] 905 Bush St., San Fran." I also find that Mrs. Edmonds paid the matriculation fee, and received the card, \$5.00, also the demonstrator's fee, receiving the card, \$10.00.

These were the only fees paid the college, and the only cards taken out. Mrs. Edmonds attended *some* of the lectures from the time of matriculating to the close of the term, about six weeks ; but none thereafter.

{ SEAL  
OF THE  
COLLEGE. }

(Signed)  
HENRY GIBBONS, JR., M. D.  
Dean.

Subscribed and affirmed unto  
this 8th day of June, A. D., 1885,

Before me

{ NOTARY'S  
SEAL. }

(Signed) EDW'D CHATTIN,  
Notary Public.

"This is to certify that Mrs. M. A. Edmonds and Mrs. S. J. B. McClelland attended lectures in the California Medical College, Mrs. Edmonds, one summer term in 1880, and no more, and Mrs. McClelland, one regular term, session of 1882 and '83, and no more.

SAN FRANCISCO,

June 5th, 1885. (Signed)

D. MACLEAN, M. D.,  
Dean Cal. Med. College.

Subscribed and sworn to before me  
this 12th day of June, A. D., 1885.

(Signed) E. H. THARP,

Notary Public,

City and County of San Francisco.

{ NOTARY'S  
SEAL. }

At the end of the second term of lectures, Mrs. Edmonds again appeared as a candidate for a diploma, she having attended only two lectures on materia medica during the whole term. Dr. A. McNeil had in the meantime seen the affidavits above quoted, and expressed regrets at having signed the diplomas in the first instance, even though they had not been issued, and as he did not consider Mrs. Edmonds to have yet complied with the requirements, he refused to sign her diploma. He was offered an alternative. He did not sign, and shortly after he received a notice that he had not been re-elected to the chair of materia medica.

G. M. PEASE.

I have read the foregoing, and believe it to be a plain and simple statement of facts.

A. McNEIL.

## OBSERVATIONS ON CURRENT LITERATURE.

BY

GERSHOM N. BRIGHAM, M. D.

Grand Rapids, Mich.

TWO articles in the January number of the HOMŒOPATHIST seem to me of great significance. I mean that of Prof. Buchanan, and Prof. Lilienthal's translation of Jousset upon the treatment of phthisis pulmonalis. Prof. Buchanan affirms that he has abundant testimony going to show that remedies act on persons by simply holding a corked phial in the hand which contains the medicine. Similar experiments have been carried on by Drs. Bourru and Brevot and the same have been presented to a scientific association which held its meeting at Grenoble in France. Dr. Duplony, to whom the subject was referred, having witnessed the experiments, confirms their genuineness.

Are these experiments to be accepted as truth? It would seem so from the character of the men who testify to their reality. And I suppose such facts can be multiplied indefinitely. It reminds us of our school days when Prof. Elisha Bartlett (old school) used to say to his class, "I can not touch ipecacuanha in any shape, nor be where it is, without my wife detecting it when I go home. Not even can I put up a Dover's Powder but that she will detect me." Now what bearing has this discovery upon the question of high dilutions may be pertinently asked? Suppose some of our mathematical brethren figure on the quantity of matter taken into the system through a corked phial. Now it is not denied but that our dilutions began with tangible quantities of matter. Can any of these men deny that the same potential element does not transmit its potentiality to the material used to raise the dilution? Indeed can they deny molecular energy here and the existence of molecules? When they talk of molecules being disposed of at the 12th dilu-

tion they talk of what they know nothing about. Indeed what do they know about molecules any way? No man ever saw a molecule. Their whole argument is based on mythical grounds. Mathematics have no place here. Electricity passing over a piece of coiled wire changes a common piece of bar iron into a magnet able to exercise a tremendous pulling force. Who can tell if a particle of matter has left the coil which may be inches away from contact. What do these wise men know of catalysis? What do they know of nerve force? or life force? I conjure them to wait and watch.

A certain medical gentleman of our state not long since returned a number of the *Medical Advance* to the publisher with a sneering remark because the editor had seen fit to publish a case of consumption under improvement from taking sulphur in high dilutions.

The gentleman is rewarded with a chair in our university department for his quarreling with homœopathists and his support of eclecticism I presume. But I have to say to the profession at large that Mrs. Jason Scott, the lady in question, still lives. And by sending her to Florida for the winter we expect she will soon reach the point of immunity from the disease. Certainly that of latency. Now to the point of chief importance. The tendency of the profession is to the use of low potencies in the treatment of all diseases, consumption included. Sulphur 30 is the most advanced dilution proposed in the article of Jousset. Whatever may be said for the treatment of phthisis with remedies of the dilutions selected by this eminent physician, I have to say that many cases which are curable will not be cured within this range of dilutions if our experience goes for any thing. Of course I know the 30th dilution is quite too high to have even a single molecule of matter about it, if Sherman and others are good mathematicians, Hahnemann to the contrary. But I advise making observations and less figuring.

In my work on Phthisis Pulmonalis I have given clinical verifications of sulphur from the use of 20th and 100th potencies detailing symptoms and constitutional peculiarities. In one case sulphur

had been previously tried from the 4th dilution to the 12th with no effect by the attending physician Dr. Thomas, of Stowe, Vermont. Within one week, only a single dose having been administered she showed improvement from the 200th and was cured. In the case of Mr. Willard, a member of Congress and a critical thinker, I was twice stopped on the street for explanation of his symptoms after taking sulphur 100th, and under such circumstances as to preclude the possibility of the imagination theory. He too recovered to do ten years good work, dying at last of his malady after we left the state. I know myself to be in the minority. That my cases reported cured by taking the advanced potencies will be looked upon as untrustworthy. But I can well abide my time. I am glad so eminent a man as Jousset puts himself on record by declaring in favor of the curability of phthisis pulmonum. The article is exceedingly valuable, corroborating what has been said in my own work, and adding some indications for the use of remedies. It is to be hoped that the profession will earnestly take up the study of pulmonary phthisis, and from the homœopathic standpoint both as to pathology and symptomatology, giving the widest range of dilutions.

**EPILEPSY FROM A DISEASED TOOTH.**  
Dr. Schwartzkopff, of Eisenach, relates: A merchant, not disposed to nervous diseases, suffered severely from an upper central incisor. He had the tooth filled with cement, but now the gums swelled up behind the tooth. Ten days after the filling was put in, an epileptic attack. The gums continued to swell backward and upward, felt puffy and discharged pus when pressed upon. Henceforth he had for eighteen months one or two fits, always preceded by vasomotor-psychical aura; restlessness, irritability, red face, disagreeable prickling sensation in mandibula, itching in the nose. He took all this time from four to twelve grammes potassium bromide and lived on vegetable food, but all in vain. The affected tooth was extracted, and four years have passed without his having another epileptic fit.—*Centralblatt der Nervenheilkunde*, 22, 1885.



THE  
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery, and  
Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

*Regular Contributors :*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE HERING.

YEAR after year Dr. Horace M. Paine is untiring in offering his resolution : *Resolved*, That there be established a department of dynamic medicine, the members of which shall be annually appointed in the same manner as those of other bureaux, to which shall be referred all reports of cases presented to the society or gathered from other sources, alleged to have been cured by attenuations higher than the twelfth potency.

On February 10th Dr. Payne offered the same resolution again, claiming that adherence to it was not Homœopathy,

but a mere notion, and he favored a motion antagonizing it. At the same meeting the President of the Homœopathic Medical Society of the State of New York, Dr. Marshall O. Terry, of Utica, had the hardihood to ask this still homœopathic society to recommend that the society throw overboard the principle of law under which alone it exists, and to exact no longer a profession of faith in the homœopathic law of cure from applicants for membership, but to throw wide open the doors to all persons qualified for membership in the society. (Dr. Egbert N. Guernsey, of New York, proposed the same resolution at the meeting of the American Institute of Homœopathy, held at Niagara, and wanted the sectarian name of the society changed.) Of equal interest is the recommendation of a purely expectant plan of treatment in many or most diseases, as proclaimed by no less an authority than Prof. T. F. Allen, of New York, discarding all medication whatever, and the doubt thrown on all alleged cures made with high dilutions ; so that the learned professor has discarded them entirely, and whenever he still prescribes some medicine, it is done in the third or sixth attenuation.

In the *Wiener Medicinische Wochenschrift*, No. 6, 1886, is an article by Dr. Gabriel Pavay, where he speaks of three methods of treatment in febrile diseases : First, the *specific method*, which aims at the destruction of the factors which produce the disease—the germs—and their removal from the organism. Let us hope that in time every specific disease will be antagonized by its specific remedy, but that millennium is not yet at hand.

The second method is the *symptomatic* one, taking care of the manifestations or symptoms as they appear, moderating all severe ones, as, *e. g.*, in acute infec-

tious diseases the high temperature of the blood.

The third method is the *expectant* one, taking good care of the *patient*, bringing him into the best possible hygienic state, abstaining from all energetic medicinal treatment, and keeping off every factor detrimental to the welfare of the patient.

Now to the point we aim at, and we candidly confess that we cannot see any objection whatever to the resolution, so obstinately offered by Dr. Paine; only he does not go far enough, and with his permission we would enlarge that resolution so that the Bureau of Clinical Medicine may be divided into four sections: (1) dynamic section, (2) expectant section, (3) material section, (4) allopathic section, treatment with crude doses. The last section is perfectly allowable in the present status of so-called homœopathy, for not every man who belongs to a homœopathic society is so conscientious as Prof. Allen, that he *never* yields to the temptation of prescribing *ex usu in morbis* or palliatively. We would be perfectly satisfied if we could only say, "hardly ever."

We do not feel the least worried about *dynamic section*. It is said their treatment is unscientific, and the adherents to high potencies laugh at all these insinuations, and it is only the worse for science that cures are daily made in spite of the unscientific treatment. They are queer coons, these unscientific healers, for they take up every thing, prove every thing, apply every thing—but they do not cure every thing! The millennium is not yet at hand, and the *Materia Medica* is still too fragmentary.

We are strong believers in the *expectant treatment*, and we pray to be allotted to that section. Not that we intend to earn our bread in idleness. *Do ut des*; we must do something to earn our fees; but it is easy to give placebos, watch the

patient carefully and prayerfully, remove every noxa, and leave it to Providence. The late Professor Bock, of Leipzig, who was a staunch adherent of the expectant treatment, hated Homœopathy on account of its humbuggery, and despised allopathy on account of the untold miseries inflicted for centuries on mankind in the name of medical science. But sickness is no idle dream; it is a verity to which we are all liable, and he who is in an abnormal state wants to return to his normal state of health. If careful expectancy does it, there is no need of drug-experimentation. What has brought about this change? Most of us will say, the *vis medicatrix naturæ*—in plain English, the healing power of nature—which knows best, when not interfered with, to rectify such abnormal state? The healing power, again that unlucky *dynamis*, which refuses to yield to microscope, spectroscope and to all other scientific instruments, but whose action can not be denied even by a Paine. Certainly something must have happened to change this abnormal state into health and vigor again—and the millennium is not yet at hand to explain to mortals the secret springs of life.

Our third or *materialistic section* deals with drugs in their crude form, or in their lowest attenuation. If our experience teaches us right, they do not often use the so-called middle dilutions. Whether their alleged cures are any more to be believed than those made by the dynamists is an open question, for the *vis medicatrix naturæ* stands supreme above all our sections. What a blessing it would be if every physician could say with Prof. Allen, that he has never swerved from the law of homœopathy, and whether he prescribed high high or low, that principle was in full consonance with the principles as laid

down by Hahnemann. How many of those who rely only on crude drugs or low dilutions can make the same assertion, and if the truth must be told, those physicians who believe in the dynamic power of drugs in their action on the diseased body, keep more closely to the principles of homœopathy than the materialistic section usually do, and in spite of Dr. Paine and those who have joined unsectarian societies, they can claim to be homœopaths in truth and not only in name.

*Similia similibus curantur!* Let that be the bond which unites us, for only *in hoc signo* can victory perch upon our banners.

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#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE General Secretary has the pleasure to announce to the members of the Institute and the profession generally that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at 10 o'clock A. M., and continue in session four days, or longer should the interests and business of the Institute require it. The local committee of arrangements has contracted with the proprietor of the Grand Union Hotel (in one of the large parlors of which the meetings will be held), to entertain the members of the Institute and others who may attend the meeting at reduced rates and in a style unsurpassed. The reasonable anticipation of an unusually large attendance has alone enabled the committee to secure the advantages obtained. It is confidently hoped that its liberal arrangements will be appreciated. In addition to the attractions of the place, the national reputation of the hotel and the favorable time fixed for the meeting; the other inducements to attend this great conclave should not be underrated. The various bureaux (fourteen in number), embracing every department in medical science and art, are fully organized and resolved to present original

and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to the interest and value of the proceedings. A programme of the order of business and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June.

Blank applications for membership can be obtained from R. B. Rush, M. D. Chairman of the Board of Censors, 120 Main St., Salem, Ohio, or of the General Secretary, 960 Penn Ave., Pittsburgh, Pa.

J. C. BURGER,  
General Secretary.

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#### THE CYCLOPÆDIA OF DRUG PATHOGENESY.

AT the meeting of the Institute held in St. Louis in June last, the following preamble and resolutions were unanimously adopted:

"*Whereas*, it is the sense of this body that the editors of the New Cyclopædia of Drug Pathogenesis have faithfully carried on the work given them to do, under the rules laid down for their guidance by joint action of the American and English National Societies: and

*Whereas*, we do not deem it practicable for the Institute to subscribe for a full copy of the Cyclopædia for each of its members, nor in connection with the British Homœopathic Society to accept the proprietorship of the work, sharing in the same in proportion to the number of members in each body:

Therefore, *Resolved*, that we authorize our Treasurer to subscribe for four hundred (400) copies of the numbers necessary to complete the first volume of the Cyclopædia, and to pay to the publishers net cost of the same:

*Resolved*, that we authorize our Treasurer to receive subscriptions from our members for the numbers ordered by the Institute, putting the price at the actual cost:

*Resolved*, that with all confidence in the British Homœopathic Medical Society, we would be pleased to have it accept the proprietorship of the Cyclopædia, with the pledge of our support to the extent specified above, believing that such ownership under the immediate

direction of the English editor would result favorably to all concerned."

The first volume of the Cyclopædia will comprise four parts. The first has already been published and is in your hands. The remaining three will be issued as speedily as possible and will be mailed, postpaid, direct from London to subscribing members at the cost price of 67 cents each, or \$2.00 for the three parts.

Please inform me, therefore, as soon as possible, whether you will be a subscriber or not; and if you do subscribe for the three numbers of the Cyclopædia, be so good as to remit the amount of \$2.00 *at once*, so that I may have the funds in hand to pay for the 400 copies ordered, as soon as they are published. Hoping for a prompt reply,

I am, yours fraternally,

E. M. KELLOGG,

No. 117 WEST 42 ST.

TREASURER.

As the American editor of the Cyclopædia I desire to call the attention of the members of the Institute to the above circular, issued by Dr. Kellogg, and to say that it will not be possible for them to obtain copies at so little cost in any other way. The price put upon copies by the Institute barely covers first cost; and would not do so were there any pay or margin of profit allowed to the editors or publishers. The number of copies issued will be limited, so that it will not be easy to obtain a complete set in after times.

I have lately returned from a conference with the English editor, and assure subscribers that the work will be pushed forward with all possible haste.

J. P. DAKE.

#### CORRESPONDENCE.

##### A Question of Impregnation.

PHILADELPHIA, Feb 15th, 1886.

DEAR DOCTOR WINTERBURN: In the *Obstetrical Journal of Homœopathy* for January, 1886, in an article on how conception occurs, by S. C. Weddington, M. D., paragraph No. 2, page 96, it is stated that Dr. Gustav Braun reported three cases of pregnancy with unruptured but

perforated hymen; and in *one* of them the *urethra* had taken the place of the vagina in copulation. What are we to think of this? shall we take it "*Cum grano salis*?" shall we consider it a new wrinkle for the profession to understand in facilitating conception? or shall we sit idly by and allow Dr. Gustav Braun to exclaim, *Da locum melioribus*. Can you, doctor, kindly give us your views in the next number of the *American Homœopathist*?

And oblige yours, ect.

F. Ernest Gerlach.

The editor's opinion is not worth much, but, as he is asked, he gives it with characteristic modesty (*sic*). He believes that it is the woman that is impregnate, not the ovum; that the semen is absorbed into the system of the woman, the same as when unexpended it is reabsorbed in the man; that the ovum does not "Wait for the coming of the spermatozoa by being imbedded in the uterine wall," as stated by Löwenthal in his theory of menstruation, but is impregnated through the woman; that, as certain drugs influence particular tissues, no matter by what means introduced into the system, so the semen may cause impregnation by other than the vaginal entrance. This is consonant with other known facts in nature, but as to its probability each man must judge for himself.

#### The Value of Vaccination.

THIS bright contribution to the literature of vaccination\* is prefaced by a publisher's note, in which it is stated that two physicians, one a pro-vaccinist and the other a vaccine-phobist, having examined the brochure in manuscript, united in styling it as interesting and scholarly; and we can not believe that any physician will arrive at any other conclusion by its careful perusal. That the author has given the subject a not hasty nor superficial survey is evinced by his avowal of a something like twenty years' study of vaccination and a bibli-

\*The Value of Vaccination, a non-partisan review of its history and results, by George William Winterburn, M. D. F. E. Boericke (Hahnemann Publishing House), Philadelphia, 1886. 12mo. 1p. 182. Paper.



ography of more than one hundred and fifty authorities, in five languages ; and a thoughtful review of the statistics contained in this little *multum in parvo* can not but strike the ordinary reader as something astonishing.

Dr. Winterburn's treatise assumes to be an impartial review of the facts concerning vaccination, and right well is the position maintained for the most part, although the author's decisive preference occasionally leads him to write what strongly militates against that assumption.

This treatise is comprised of these discussions : The rise of vaccination as a medical dogma ; cow-pox, as modified in the human subject ; the nature and origin of vaccine virus ; the methods of vaccinating ; the extent of the protection afforded by it ; alleged dangers from vaccination ; compulsory vaccination ; Appendices—(a) vaccination of emigrants ; (b) infection and disinfection ; (c) what to do about animal disease.

In the introduction, the manner in which the author became interested in vaccination is described, and the violence and trickery of both parties discussing this most important matter are deplored. It is further asserted that Jenner began from the first "to suppress every fact which told against his theory," and to strive to establish it whether resting upon facts or falsehoods. We are doubtful that this position can be maintained. Listen to Jenner's words, written to a professional friend in response to a suggestion that he let the facts defend his theory and no longer wage a war of words with the profession : "You say," he writes, "'Let vaccination, for God's sake, rest on its own foundation.' My dear sir, that is exactly what I want and the course I have been pursuing. . . . I placed it upon a rock where I knew it would be immovable before I invited the public to look at it." Again Jenner writes : "A man never appears more wise or more amiable (in my judgment) than when renouncing false opinions." These are sturdy words ! and only the most convincing evidence should lead us to doubt the honesty, the scientific honesty, of the man who penned them. Let Jenner's theory, then, fall or stand as the facts of the history of vac-

cination shall determine. But let us not doubt that Jenner honestly believed he was right and a server of his race, until the facts compel us to do so. The author protests against the prostitution of the word lymph, and justly, we are inclined to think. Dunglison recognizes only physiological lymph, and remarks : "The word is sometimes used *unhappily* by the surgeon to signify liquor sanguinis." Dr. Frederick T. Roberts also distinguishes the pathological lymph of inflammation — however, saying : "lymph is also given to the fluid contained in the vaccine vesicle."

The discussions of the origin of cow-pox virus and its modification in the human system are particularly interesting. The author asserts (page 33) : "If the patient be incubating small-pox, the two diseases, vaccine and variola, go side by side apparently unaffected by each other." In this he flatly contradicts so high an authority as Marson, who says : "Suppose an unvaccinated person inhale the germs of variola on Monday : if he be vaccinated as late as the following Wednesday, the vaccination will be in time to prevent small-pox from being developed ; if it be put off until Thursday, the small-pox will appear, but will be modified ; if vaccination be put off till Friday it will be of no use. . . . *This we have seen over and over again, and know it to be the exact state of the question.*"

Upon the subject of re-vaccination, most vaccinators would probably hold, that a period of from seven to ten years having elapsed from the primary operation, the second is as likely to be severe as mild. Upon this point our author seemingly contradicts himself. "A second vaccination, providing the first has been thorough and severe, either fails to produce any local effect whatever, or else in a very modified form." A little further on he remarks : "It is impossible to foretell what will be the result of a revaccination, as the severity bears no relation to the character of the primary disorder. It is simply and always a matter of good luck when, upon revaccination, the patient escapes serious constitutional effects."

The discussion of the methods of vaccination is excellent, and should be

read by every one who ever expects to perform that operation again, as it presents a most succinct and clear account of the rite and its counter-indications. We can not agree with the recommendation to draw blood freely, as we are satisfied that, if the scarification by scraping surely promotes a free oozing of serum, and the virus be well rubbed into the abrasion, the vaccine will take as surely, if not more surely, than if blood be drawn. If this be true, and we are certain it is, the drawing of blood is unnecessary and uncleanly, and therefore unscientific. Moreover, we think the scraping off of the scarf sk'n with a carbolized or sublimated ivory point (the scales being blown away) reduces the danger of an extraneous blood-poisoning (which may otherwise arise) to a minimum. If you vaccinate, do not use a steel lancet at all; or, if used, let it be sterilized. We believe, as we have intimated, that it is possible to poison an uncleanly person from his own skin.

The statement that "The chances of an adult taking small-pox are remote," will probably strike many as unique. But the author boldly admits that most vaccinists will not agree thereto, but says, "The facts upon which it is based are admitted by all."

A most fascinating chapter, rich in statistics, is that upon the protection afforded by vaccination. In it the author reverts to the old dogma that the decrease of one disease means the increase of another of the same class. The field of so many battles. And while he seems to admit that vaccination has in the past decreased the death rate and disfigurement of small-pox, it has not reduced its frequency, and that the death-rate from other zymoses has increased as that from small-pox decreased, as to disfigurement especially. We are inclined to think improved modes of treatment based upon a better pathology have done more in that line than any other factor.

Dr. Winterburn pays his respects in a vigorous argument to the Beaugency heifer and would seem to establish the position made by Dr. F. B. Mandeville, chief health officer of Newark, N. J., in a paper recently read by him before the New Jersey State Homœopathic

Medical Society (see the *N. Y. Med. Times*, Nov. 1885) that this stock is not the genuine, but spurious cow-pox and powerless as a small-pox prophylactic. In the discussion upon the dangers of vaccination, a strong case is made out against scrofula, phthisis, and syphilis, such authorities as William Rowley, Ricord, the famous syphilologist, W. B. Collins, of St. Bartholomew's, London, M. Depaud, of the French Academy, Edward Ballard, Jonathan Hutchinson, A. Trousseau, of the Hotel Dieu, Brundenell Carter, Hering, Niemeyer, and a host of lesser known physicians being witnesses of the evil.

In the light of this testimony Dr. Mandeville's positive assertion in the article referred to, that "the claims of the syphilophobists have been proved as erroneous" seems a little hasty. Although he states that Marson in 40,000 cases, Luse in 40,000, West in 26,000, and Sir William Jenner in 13,000 cases, "never saw syphilis communicated." We can not but think that the generally admitted fact that zymoses very frequently develop any profound poison latent in the system is a factor in this discussion not yet given sufficient value, and that in fact many, very many, cases of syphilis, phthisis, and scrofula laid to the charge of vaccination, already existed in the system of the sufferer, as germs merely, before that operation was performed.

Dr. Winterburn is evidently far ahead of average public sentiment when he says, "Even though vaccination had proven all that Jenner, in the flush of his early triumph, so confidently claimed for it, to make it compulsory would be a wrong without justification in law or morals." For if the law may punish a man for attempting to take his life, may it not with equal logic punish him for refusing to preserve it? We are not arguing in favor of compulsory vaccination, for we do not believe that considering the deep-seated conflicting opinions of men of equal abilities, vaccination can yet be regarded as wholly established on scientific facts. But we simply regard the author's deduction from his premises as illogical.

Finally it is to be regretted that so complete and interesting a review of

this field by a homœopathist should have contained no allusion to, or description of, or history of the alleged protection from and cure of small-pox by the internal administration of variolinum, in a potency as proposed and practiced by Kaczkowsky, and others, and by him styled "Internal vaccination" although it might better be called "Isopathic vaccination."

The book is printed in large, clear type, and each page bears, as it should, not a repetition of the general or chapter title, but a page title, so that reference to any desired point is greatly facilitated, independently of a copious index. It is so well proof read that we did not discover a single error in the print. The brochure is dedicated to Dr. Stephen Powell Burdick, of Oakland, Cal.

Every physician should read this book. Nowhere else will he find facts and statistics so well compiled in small compass. If he be a vaccinist, he should read it, since, as the author quotes John Stuart Mill, "He who knows only his own side of the case, knows but little of that." If he be opposed to vaccination, here he will find his case at its best. Moreover, physicians should recommend the book to their patients, for no man or woman who professes the least knowledge of, or interest in the sociological and humanitarian questions of the day, should neglect this, perhaps the most vital of them all.

One more physician cordially endorses the opinion of his two distinguished colleagues in the publishers' note: "There is not a dull page in it."

C. M. C.

#### ITEMS.

Dr. Homer I. Ostrom has been appointed one of the surgeons to Ward's Island Hospital. A better appointment could not have been made.

Dr. Chas. Porter Hart has removed from Wyoming, Ohio, to San Francisco, where he becomes Professor of Nervous Diseases in the Homœopathic Medical College.

*The Medical Counselor* looked at one time as if it was going to die of marasmus, but it has changed its residence and now bids fair to reach a green old age. Dr. Arndt is to be congratulated on the present fine appearance of his bantling.

Dr. Ch. Gatchell is now the responsible editor of the *Medical Era*, published by Gross & Delbridge, of Chicago. The *Era* has always been a good journal, and it is sure not to deteriorate while Gatchell is at the helm.

The homœopathists of Massachusetts have asked the General Court to make provision for the appointment of a homœopathist on the State Board of Health, and to limit the number of allopathists to two. As a portion of the Board are laymen, this seems fair.

The ninth annual Commencement of the Homœopathic Department of the State University of Iowa was held on March 2. Prof. Cowperthwaite delivered the address, and eleven young gentlemen were granted the degree in medicine.

*The Chironian*, a semi-monthly journal, published by the students of the New York Homœopathic Medical College, is a model of what such a publication should be. Besides much good clinical reporting, it contains a generous supply of personal items, college notes, and student gossip, which makes it a breezy and welcome visitor.

*The Southern Journal of Homœopathy* begins its third year with most substantial evidences of prosperity. Our colleagues in the Northern States should remember that the South is yet a missionary field, and cannot yet sustain a journal without outside financial help. The journal is worth its subscription price to any practitioner, and in supporting it you are helping to spread homœopathy throughout all the Gulf States. Dr. Fisher deserves the help of every homœopathist everywhere in the gallant fight he is making. The subscription price to his journal is two dollars and a half, and his address is Austin, Texas.

Dr. F. E. Boericke announces, as in preparation, a *Hand-book of Homœopathic Materia Medica*, by Prof. Timothy F. Allen, M. D. This volume, which he promises to bring out in his best style, and make it a credit to himself and the school, will be about the size of Webster's Dictionary (unabridged), and the price will be about fifteen dollars. The work may be said to be the *Encyclopædia* boiled down into one huge volume; and as Prof. Allen, than whom no one is better equipped for such a task, has devoted his energies to making the work as reliable and handy as possible, we have no doubt the profession will welcome it as heartily as it deserves. We have gotten so used to the *Encyclopædia*, as a reference book in the working out of therapeutic problems, and find it so useful that we wonder now how we ever got along, or how any one can get along, without it, that any work which proposes to supplant it will be looked at askant; but as Prof. Allen says that the whole *Encyclopædia* has been laboriously gone over, revised, corrected, and condensed, and as this new work contains, in addition, comments, comparisons, and clinical hints, it will certainly command a market, even if it does not supplant the use of the older work. Send to Boericke and get specimen pages, and then gladden his heart by writing to him that you will buy the volume when it is out.

# THE AMERICAN HOMŒOPATHIST.

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## THE TIMES OF THE REMEDIES.

COMPILED BY DR. IDE, OF STETTIN, TRANSLATED BY

*L. Sienthal*

THE relations of drugs to the times, the periodical appearance of manifestations and sensations, are not yet valued as highly as they deserve. There are good reasons, founded on certain laws of nature, why particular morbid symptoms, as well as drug symptoms, appear or become aggravated at certain times, or ameliorated and put off. By close observation of these relations our cases may be often made; at any rate it will often become the deciding point between different remedies.

After working out such a repertory for my own use, I offer it now to my colleagues, and beg them to supply all the omissions.

### SPRING.

Ailments during spring : Lach.

Aggravation : *Acon.*, ambra, *aur.*, bell., calc. c., carb. v., lyc., natr. m., rhus., ver.

Toothache : *Acon.*, *aur.*, bell., bry., *cali. c.*, carb. v., crot., dulc., lach., lyc., natr. m., nux v., *puls.*, *rhus.*, sep., sil., sul., *ver.*

Diarrhœa : Lach.

Cough : Ambra, ver.

Boils : Bell.

Itching of the skin (during March) : Fluor. acid.

Fever : Lach.

In spring and summer and during hot weather : Ant. cr., *ars.*, bell., bry., calc. c., caps., carb. v., *cina.*, *ipéc.*, lach., natr. mur., puls., sul., thuja., *ver.*

### SUMMER.

Aggravation : Bell., bry., carbo. v., puls.

Toothache : Calc. c., carb. v., lyc., natr. c., natr. m., selen.

Diarrhœa : *Acon.*, æth., bry., *crot.*, dulc., kal. bichr., kreas, nux v.

Diarrhœa, very early summer : Kal. bichr.

Dysentery, returning before thunderstorm : Rhod.

Herpes, disappearing in summer, returning in winter : Psorinum.

Fever (in hot season) : Ant., *ars.*, bry., bell., calc. c., caps., carb. v., *cin. ipéc.*, lach., natr. m., puls., sul., thuja., *ver.*

### AUTUMN.

Aggravation : Aur., *chin.*, cic., colch., merc., nux v., rhus., verat.

State of mind worse after equinoctial storm in autumn : Stram.

Toothache : Aur., colch., merc., rhus., verat.

Diarrhœa : Baptis., chin., colch.



Convulsive cough (pertussis), setting in at the beginning of fall : Caps. an.

Pains in the arm : Rhus.

Fever : Bry., chin., nux v., rhus., verat.

Fever during damp, foggy and cold season : Calc. c., carb. v., chin., lach., nux. m., puls., rhus., sul., verat.

#### WINTER.

Aggravation : Acon., ammon. c., apis, ars., *aur.*, bry., camph., caust., dulc., hell., hep., kal. c., mosch., nux m., nux v., petr., puls., *rhus.*, sabad., sep., stront., sul., verat.

Cough : Acon., cham.

Cough every winter : Psorin.

Cough in old people from the beginning of winter till the warm season commences : Ammon. c.

Pleurodynia : Kalm. lat.

Rhagades on hands : Petr.

Herpes, returning in winter, disappearing during summer : Psorin.

Fever : Calc. c., carb. v., chin., lach., nux m., puls., rhus., sul., verat.

#### MOON.

*New Moon*—Aggravation : Alum, ammon. c., calc. c., caust., cupr., daphne, sep., silic.

Most ailments appear during new moon : Silic.

Epilepsy (nocturnal) : Silic.

Congestion to the female sexual organs : Croc.

*First Quarter*—Aggravation : Alum, thuja.

*Full Moon*—Aggravation : Alum, graph., sul.

Epilepsy, with screaming out : Calc. c.

Increasing difficulty of hearing : Silic.

Earache, aggravated : Silic.

Congestion to female sexual organs : Croc.

Before the full moon leucorrhœa worse : Lyc., magn. m.

*Last Quarter*—Aggravation : Dulc.

*Change of Moon*—Itching herpes : Cham.

*Moonshine*—Aggravation during : Ant., bell., thuya.

#### PERIODICITY.

Periodical ailments : Acon., anac. *ars.*, calc. c., chin., crotal., *ipéc.*, magn. c., puls., rhod., *thuja.*, valer.

Every year : Ars., carb. v., kal. bichr., nicc., lach., natr. m., sul., rhus., tarant., thuja.

Every spring : Lach.

Every three months : Kali bichr.

Every two or three months : Valer.

Every three weeks : Magn. c.

Every fourteen days : Lach., nicc.

Every seven days : Canth., croc., silic., sul.

Every fourth day : Ars., crot.

Every third night aggravation : Chin. arsenicos.

Every other day : Alum, anac. ant. cr., ambr., baryt. c., cimicif., lyc., phosph.

Every other afternoon aggravation : Baryt. c.

Every other evening all ailments worse : Puls.

Periodical pains : Alum, anac., ant. cr., arn., *ars.*, aur., baryt. c., bell., calc. c., canth., caps., carb. v., cedron., chin., con., cupr., diadema, ferr., ferr. magnet., ignat., ipéc., hyosc., lach., lyc., merc., natr. m., nux v., par., plumb., puls., ran. sc., rhod., rhus., sabad., sec. c., sep., silic., staph., sul., tarant., thuja., valer., verat.

Every third day intermitting pains : Plumb.

Every other afternoon drawing pains : Lyc.

Daily periodically returning pains : Ars., chin., lach., lyc., magn. c., nux v., thuja.

Fainting spells at certain hours of the day : Lyc.

Spasms, periodically returning : Baryt. m., sec. c., stram.

Chorea, returning every year (or more rarely) : Natr. m.

Periodical fits of anxiety : Ars., cham., cocc., natr. c., natr. m., phosph., plat., sep., spong., sul.

Delirium, periodical : Samb.

Periodical fits of unconsciousness, lasting only a little time : Fluor. acid.

Periodical loss of thought : Chin.

Periodical weakness of memory : Carb. v.

Periodical vertigo : Natr. m.

Periodical congestion of blood to the head : Ferr.

Daily headaches : Bell., calc. c., con., lach., magn. c., natr. m., nux v., sep., silic., sul.

Headache every other day : Ambr., cimicif.

“ “ “ morning : Eupat.

“ “ seven days : Sul.

“ “ fourteen days : Nicc., sul.

“ at the same hour : Kali. bichr.

Periodical headaches : Aloe., ambr., arn., ars., bell., benz. acid, calc. c., ferr., kali. bichr., mur. ac., natr. c., natr. m., natr. s., *nux v.*, puls., sang. sep., sil., sul.

Hearing bad, periodical : Sec. c., spig.

Prosopalgia, periodical : Spig.

Toothache, periodical : Ars., diad.

“ every seventh day : Ars., phosph., sul.

Itching in the throat, periodical : Cist.

Vomiting, periodical : Cupr., nux v., lach.

Gastralgia, periodical : Hyosc., ignat., lyc.

Burning in stomach, changing into a deep pressure, as from a foreign body, with nausea, daily, about three hours after meal : Agar. musc.

Colic, periodical : *Ignat.*, lac. can., nux v., sul.

“ “ with diarrhœa : Gels.

“ “ daily : Arn., diad., *natr. m.*,

“ every evening : Bell., ledum.

Periodical abdominal cramps : Ignat.

Constipation every three months : Kali. bichr.

“ for six days, followed by a copious soft stool : Corall. rubr.

“ for several days : *Con.*, *sul.*, *thuja.*

“ every second or third day : Sul.

“ every other day : Ambr., calc. c., cocc., con., kal. c., natr. m., sul.

Diarrhœa every year in early spring : Kali. bichr.

“ , three weeks : Magn. c.

“ periodically at the same hour : Apis., sabad., selen., thuja.

Abortus in the second month : Kali. c.

“ third month : Sabin.

“ from the third to the fifth month : Sec. c.

“ fifth to the seventh month : Sep.

Coryza, returning periodically every fourth day : Iod.

“ every other day : Natr. c.

Epistaxis every month before menses : Puls.

Hoarseness, periodical : Nux v.

“ every year about the same time : Nuc.

Cough, periodical : Ars., cocc., cocc.cac., carb., lach., lact. v., nux v., stram.

Cough Periodical, barking, with a screaming sound, without expectoration : Stram.

“ every fourth night, at midnight, awaking from sleep : Cocc.

“ “ third day : Anac.

“ “ other day : Anac., lyc. nux v.

“ “ day at the same time : Lyc., sabad.

Oppression of chest, periodical : Colch., plumb.

Pressure on chest, periodical : Plumb.

Palpitation of heart and beating of arteries, periodical attacks at night, about 2 A. M., preventing sleep : Benz. acid.

Periodical pains in lower extremities : Lyc.

Boils, periodical : Hyosc., lyc., nitr. acid, staph.

Eruptions on scalp, periodical, every year : Rhus.

Spots returning yearly (ecchymosis) : Crotal.

Herpes, worse before menses : Dulc.

“ every second day : Alum.

Sleepiness every other evening : Lach.

Falls asleep every other evening : Lach.

Restless sleep every other night : Asar.

Wakes up at a certain hour : Selen.

Fever, intermittent : Ant. c., *arn.*, *ars.*, bell., bov., bryo., calc. c., *caps.*, *carb. v.*, cedron, *chin.*, *cin.*, cocc., *diad.*, dros., ferr., ignat. *ipcc.*, lyc., meny., *natr. m.*, nux v., petr., puls., ran. b., ran. sc., rhus, *sabad.*, samb., sang., *sep.*, *sili.*, spig. *staph.*, sul., thuja, val., *verat.*

Fever quotidian : Acon., ang., *ars.*, bell., bry., cact., calc. c., caps., carb. v., cedron., *chin.*, cic., cin., con., diad., dros., dulc., gels., graph, gutt., *ignat.*, *ipcc.*, kal. c., lach., lyc., *natr. m.*, nitr. acid, nux v., puls., rhus., *sabad.*, *spig.*, stann., staph., stram., sul.

Fever, quotidian duplex : Bell., chin, graph., kal. c., stram., sul.

“ “ at the same hour : Cact., diad., gels., stann.

“ returning every afternoon : Cedron., *cin.*, nux v.

“ tertian : Alum, anac., ant., *ars.*, baryt. m., bell., bor., bry., calc. c., *canth.*, caps., carb. an., carb. v., cham., *chin.*, cic., cin., crot., daphn., dros., dulc., eupat., ferr., gels., gutt., hyosc., ignat., *ipcc.*, lach., *lyc.*, mezer., *natr. m.*, nux m., *nux v.*, *puls.*, *rhus.*, *sabad.*, stram., sul., *verat.*

Fever, tertian duplex : Ars., chin., dulc., nux m., *rhus.*

“ quartana : Ars., chin., *iod.*, nux m.

“ intermittens, every seventh day : *ammon. mur.*, *canth.*

Periodical return of the (febrile) paroxysm after several weeks : Ant. c.

Chill, periodical : Cedron, oleander.

“ at the same hour : Ant. cr., apis., bov., cact. chin., cin., con., diad., gels., graph., hell., hep., kal. c., lyc., magn. m., phosph., *sabad.*, spig., stann., staph., thuja.

Chill every year : Ars., carb. v., lach., sul., thuja.

“ “ fourteen days : Ars., calc. c., chin., puls.

“ “ other day, evening : Lyc.

“ “ seventh day : Lyc.

Horripilations every other day : Alum, lyc.

Heat, periodical, after mental or bodily exertion : Oleand.

“ “ about midnight : Rhus.

Perspiration, every other morning : Ant. cr., ferr. acet.

“ “ evening : Bar. c.

(To be continued.)

# **PELVIC CELLULITIS ; DIAGNOSIS AND SEQUELAE.**

BY

PHILIP PORTER, M. D.,

Detroit, Mich.

THE history of the attack will assist materially in arriving at a proper diagnosis, as it usually follows abortion, parturition or traumatism, this landmark will put us upon our guard. We may have pelvic peritonitis, hæmatocele tumors and early pregnancy to confuse us, but the history of these conditions is so different we are not apt to confound them with peri-uterine cellulitis. Again we may mistake puerperal fever and generally peritonitis following confinement, for cellulitis, but the constitutional symptoms are much less severe in character and the symptoms are not localized in this disease as in peritonitis. Pelvic peritonitis however, is much more difficult to differentiate from peri-uterine cellulitis, as they are so commonly associated, the one seldom occurring without being identified with the other, that it is often difficult to distinguish the two diseases.

Peritonitis usually follows a severe cold, or exposure during the menstrual period, or from diseases of the ovaries, or rupture of a Graafian follicle and with it hemorrhage, the blood escaping from the ovary into the peritoneal cavity.

Cancerous deposits about the cervix may be mistaken for this disease, but from the fact that they bleed readily on touch and the cervix being hard, nodulated or broken down and not accompanied by febrile action, the offensive discharge and severe pain will decide for us in arriving at a conclusion.

Hæmatoceles are usually ushered in suddenly by prostration, syncope and collapse. The tumor will be found soft and fluctuating, but becomes hardened in time. Signs of inflammation and febrile disturbance supervene, instead of preceding the effusion. In peri-uterine cellulitis we have the history of it following an abortion or parturition, The swelling is hard at first, the fever is present at the commencement and there is seldom any shock or col-

lapse, and the condition is ushered in gradually.

Tumors are usually painless, and movable with absence of tenderness ; they are of slow formation, and circumscribed. The only analogy of marked comparison in the menorrhagia.

Pregnancy may be distinguished from peri-uterine cellulitis by the history of amenorrhœa and other signs.

There is no disease known to the gynecologist which will produce graver consequences than cellulitis. Its bearing upon the future life of the victim is so great that it may leave her a shattered wreck ; a permanent invalid. The ovaries may be destroyed by suppurative action ; or become atrophied, the result of inflammation, and the Fallopian tubes left impervious. Salpingitis is most always associated with a severe attack of this disease. As we have said before, displacements in their various forms are some of the consequences, due to the strong bands of adhesions and indeed impairing the woman for performing any of the functional duties of life. Sterility, which is a concomitant of this disease, may be due to the fact that ovulation is performed in an abnormal manner, i. e., the ovum escaping into the abdominal cavity, to there perish. The *frunbiæ* of the Fallopian tubes, from salpingitis, may be so distorted by bands of adhesions that it does not grasp the ovary, as when performing its normal functions during menstruation. Amenorrhœa, another consequence may be produced by complete destruction of the ovaries. In one case that we operated upon, for relief of recto-vaginal fistula, with stricture of the lower portion of sigmoid flexure, due to a specific disease, the patient had not menstruated for three years. The cause we attributed to a diseased condition of the ovaries, which was verified on examination, when not the slightest trace of either ovary could be found.

Dysmenorrhœa in its various forms may also be produced by peri-uterine cellulitis, from a disorganized state of the uterine structures or ovaries. The ovarian form of dysmenorrhœa is frequently a sequel of this disease. Menorrhagia, dropsy of the Fallopian tube are also accompaniments of cellu-



litis. Phlebitis is frequently a complication of peri-uterine cellulitis. Lrousseau has insisted on this point. Phlegmon of the broad ligament occurs in nearly all recently delivered women who suffer from *conuition* inflammation of the uterus and vagina. Suppuration of the plaental surface will often be associated with phlebitis and lymphangitis, "An incision made on the borders of the uterus, at an autopsy, reveals small abscesses in the venous tissue," states an eminent French author, when treating upon puerperal diseases, "and the cellular tissue around these veins is œdematous, and if patients do not succumb to purulent infection on account of adhesive phlebitis, below the purulent collection, the intra-venous abscesses will most frequently be the origin of abscesses of the broad ligament."

"The same remark may be made of suppurative lymphangitis,"

In a monograph, published by Champouiniere in 1870, on "uterine lymphatics and uterine lymphangitis, and the part played by lymphangitis in puerperal complications and uterine diseases," giving the pathological significance of pelvic lymphangitis in connection with diseases, we find so much that explains the conditions, as presented by the older writers, under the name of phlegmon or phlebitis, that we are disposed to devote a chapter, directly to the subject of lymphadenitis and lymphangitis, in relation to peri-uterine cellulitis.

To us, there is no more interesting study than the lymphatic system in *all* uterine diseases. What is known and appreciated to-day, as disease of the lymphatics, were formerly supposed to be diseases of the vascular system. Many symptoms, that have been obscure and difficult to relieve are now satisfactorily treated, by our knowledge of the anatomy, physiology and pathology of this truly interesting system, when we consider the minute termination, ramification and lacunæ, that are so extensively found in the mucous membranes of the uterus, broad ligaments and vagina we can, to some extent, appreciate the difficulties that have heretofore been met with when treating this disease. In the plates of Leopold we have presented

a very interesting set of microscopical preparations of lymph vessels distended in many places, supplied frequently with pouch-like dilatations (*ampullæ*) which would explain the small abscesses found by Recamier when examining the uterus of a woman that had died of cellulitis after confinement. Champouiniere states "that the uterine lymphatics are distributed to numerous glands (*ganglia*, he calls them); those of the body of the uterus, to the broad ligaments and iliac glands, some to the lumbar glands along the utero-ovarian vessels, lying very superficially under the peritoneum; those of the cervix uteri meet at the junction of the body and neck, from a plexus about the arteries and veins, and meet in several very small glands, close to the uterine border, then a larger gland occurs, and the vessels separate into larger bundles, partly to anastomose in the cellular tissue behind the uterus with those of the opposite side, partly to accompany the utero-ovarian vessels in the broad ligament."

It requires but a few moments of reflection to appreciate the complications that can and do arise in a case of peri-uterine cellulitis.

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#### TEETHING ASTHMA.

By

PROF. CHAS. PORTER HART, M. D.,

San Francisco, Cal.

SPASMODIC affections of a reflex character are among the most common disorders met with during the period of childhood, and especially is this true during the process of dentition; nevertheless, asthma is so seldom met with in this connection, that one of our physicians pronounces the above title a misnomer. Yet I have within the last few months met with no less than three well marked cases of the kind, of the nature of which there could not be the shadow of a doubt. Two of these cases occurred in the same family. The first was a male child, otherwise perfectly healthy, which suffered daily the most distressing attacks of nervous asthma during the whole period of teething.

He was under the constant treatment of a skillful homœopathic physician, who told me subsequently that he had tried, with but little if any benefit, almost every remedy that could be suggested for the complaint. The only measure which had seemed to materially lessen the severity of the paroxysms was the rubbing of the gums. The child finally died of lobular pneumonia, superinduced, as I verily believe, chiefly by the pulmonary engorgement resulting from the prolonged, intense, and, at last, unrelieved attacks of bronchial and vesicular spasm. It was at this period that I was called in consultation in the case. I at once advised lancing the gums, which immediately ameliorated, but did not entirely relieve, the distressing dyspnœa.

The second case, which occurred some months afterward in the same family, was an almost exact counterpart of the first. The ill-success which attended the treatment of the former case, led the parents to place the patient in the hands of an allopathic physician of the town, who did little or nothing for it except to scarify its gums from time to time, or whenever called, in consequence of the alarming character of the paroxysms. The attacks gradually became more and more frequent, and more and more severe, until, as in the other case, I was finally sent for, as consulting physician in the case. When I reached the patient, several hours after receiving the dispatch, I found the little patient breathing with the utmost difficulty, the respirations being enormously prolonged, whistling, and occasionally interrupted by a partially suppressed, hoarse cough; the skin was pale, cold, and covered with a clammy perspiration; and the pulse rapid, weak, and very irregular. Percussion elicited a dull jarring sound over both sides of the chest. The doctor told me that he had lanced the child's gums some six hours previously, soon after sending for me, and that it had given considerable relief to the breathing up to within the last two hours, that is to say, since 3 P. M. The dyspnœa was so great that I advised an immediate repetition of the scarification, and was invited to operate. This I proceeded to do in the most thorough manner, greatly to the astonishment of

the allopath, who stated afterward to the parents that he would not have dared to lance the gums so extensively, and that I had taught him a lesson, for the relief was not only immediate, but complete; indeed, so satisfactory was the relief given by the operation, that no other treatment was afterward adopted, though at one time the scarifications had to be repeated two or three times a day.

The third case of teething asthma above referred to occurred in one of my own families, and was therefore under my immediate treatment from the start. The trouble began about two weeks before cutting the first lower incisors. I tried successively a large number of internal remedies, several of which seemed to ameliorate the severity of the attacks, but none gave satisfactory relief. Of these, tartar emetic, pushed to the extent of slight nausea, appeared most influential. At last I resorted to scarification, much against the prejudice of the parents, but with the most gratifying result. No further trouble of the kind was encountered until the upper incisors were nearly through, when, owing to the extreme opposition of the parents to the employment of the knife, I adopted a different line of treatment. This consisted in applying to the gums, by means of a camel's hair pencil, a few drops of a four per cent. solution of cocaine, *pro re nata*. Of course I attended to this myself, never entrusting the agent to others. Nothing could be more satisfactory every way than the result, the almost magical result, of this simple treatment. The disease was at once shorn of all its terrors.

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## HYDROPHOBIA.

BY

E. F. BRADY, M.D.

Kansas City, Mo.

(Read before the Homœopathic Medical Society of Kansas City, Mo.)

BEFORE taking up the subject of Hydrophobia in man, I will preface what I have to say by a few remarks and facts regarding the manifestations of the disease in the dog and other animals; the sources of origin of

the disease. The symptoms of rabies are divided into three stages, viz : Premonitory, initiative and paralytic. The transitions from one stage to the other are gradual and imperceptible. The premonitory stage is characterized by an alteration in the manner and habits of the animal. In the dog we have sullenness, fidgetiveness, continual shifting of pasture ; a steadfast gaze expressive of suspicion and an earnest licking on some part on which a scar may generally be found ; occasional vomiting and a depraved appetite are very early noticeable ; he will pick up and swallow bits of thread or silk from the carpet, hair, straw, &c. The initiative stage is distinguished by a propensity to injure other animals, by great uneasiness and by paroxysms of fury and excitement, with intervals of quietude and exhaustion. In the initiative stage, cats are very savage, arch their backs, lash their tails and freely use their teeth and claws. Horses become very violent, frequently neigh, bite the bars and manger, kick, paw and endeavor to get loose. Cattle rarely if ever use their teeth, but bellow, paw the ground, butt and toss, frequently breaking their horns. Sheep seldom, but goats often use their teeth. Their natural timidity is replaced by a pugnacious disposition, and they will even attack dogs. Pigs slaver at the mouth, bite their fellows and other animals, and become very wild. Poultry make stupid, high jumps, and other frenzied movements, peck one another and chuckle frequently. The paralytic stage in the dog is marked by dropping or paralysis of the inferior maxillary, rendering him unable to bite, bark or drink ; succeeded later by paralysis of the posterior extremities.

Very early in the disease, as it appears in the dog, the expression of the countenance is remarkably changed ; the eyes glisten, and there is slight strabismus ; twitchings of the face come on. About the second day, a considerable discharge of saliva commences, but this does not continue more than ten or twelve hours, and is succeeded by an insatiable thirst ; the dog is incessantly drinking or attempting to drink, plunging his mouth into the water. When the flow of saliva has ceased, he appears to be annoyed by

some viscid matter in his fauces, and in the most eager and extraordinary manner he works with his paws at the corners of his mouth to get rid of it, and while thus employed he frequently loses his balance and rolls over ; frequently with his head erect he utters a short and very peculiar howl ; or if he barks, it is a hoarse, inward sound, altogether dissimilar from his usual tone, and generally terminating with this characteristic howl. Respiration is always affected ; often the breathing is very laborious, and the inspiration is attended with a very singular grating, choking noise. On the fourth, fifth or sixth day of the disease he dies ; occasionally in slight convulsions, but oftener without a struggle.

The appearances met with after death are not very constant or distinctive. The most curious and uniform consists in the presence of unnatural ingesta in the stomach ; straw, hair, hay, bits of thread, earth and excrement ; sometimes the stomach is perfectly distended with these substances ; when it contains none of them, there is a fluid of the darkest chocolate color, mixed with olive, or still darker, like coffee ; when neither appears, inquiry will usually show that the dog has vomited much hair, hay, straw or the like.

Many hold the opinion that the disease is generated *de novo* in the dog. It has been claimed that want of water, food and a high temperature, are predisposing causes ; but subjecting healthy dogs to a combination of the three conditions named, by such careful observers as Dupuytren, Breschet and Magendie, produced no results ; again, rabies occurs nearly as often in spring, in autumn, and even in winter as it does in summer. Mr. Youatt, a renowned English veterinarian, whom I regard as the very best authority on this subject, states after a long series of experiments, coupled with a thorough study of the disease, that rabies never originated spontaneously, but is always propagated by the specific virus. South America is, or has been, a stranger to this disease. Jamaica enjoyed immunity for fifty years, and the first case is believed to have been imported. Dr. Heureka states that curs of the most wretched description abound

in the island of Madeira ; that they are afflicted with almost every disease, tormented by flies and heat, thirst and famine, yet no rabid dog was ever seen there. Dr. Watson, a noted English physician, lecturing to his class on this subject, said : " If you are desirous of knowing what my opinion of the matter is, I must say that I think Mr. Youatt's doctrine by far the most probable one, that rabies never occurs except from inoculation of the specific virus. It has never been proved, and indeed it would scarcely be susceptible of proof, that the disease breaks out spontaneously ; large tracts of country are totally free from it, and in, nineteen cases out of twenty, perhaps we trace the bite or the fray in which inoculation has been effected." According to Mr. Youatt, the disease is principally propagated by the fighting dog in towns, and by the cur or lurcher in the country. He maintains that if a well enforced quarantine could be established, and every dog confined separately for seven months, the disease might be exterminated.

Hydrophobia is divided by most writers into three stages, as follows :

First, period of incubation ; second, period of invasion ; third, period of development.

*Period of Incubation.*—After the receipt of the bite, which may produce an extensive wound, or as is the case sometimes, an insignificant scratch, a period of time extending from six weeks to two years and over may elapse before the appearance of the second stage ; the wound may heal by first intention, giving rise to no inconvenience, or there may be redness and neuralgic pain ; nervous derangements depending upon fear, mental worry and others of the same category, characterize this stage.

*Period of Invasion.*—At the end of the period of incubation, the first alarming symptoms noted are those connected with the cicatrix (please note this statement), which becomes painful and tender, and at the same time, there are pains which dart along the nerves in the vicinity ; there are generally headache and a sense of epigastric oppression, with constipation, broken sleep and a feeling of general discomfort ; at the end of two or three days, during which the

patient suffers intensely, we may expect the appearance of the next stage.

*Period of development* :—with aggravations of the symptoms just enumerated, we find added thereto a sense of constriction about the throat ; irregular and quickened respiration ; rigidity of the muscles of the neck, discomfort in deglutition and spasms which begin in the muscles of the throat and back of the neck, gradually invading those of the back ; the patient at this stage is delirious and flighty : generally has delusions in which dogs play an important part : excessive thirst, aversion for and horror at the sight of liquids as well as brilliant objects : red animated countenance : great nervous irritability : frothy saliva, copious quantity, running from the angle of the mouth in a viscid stream : towards the close of the disease, this secretion becomes thicker and is mixed with mucus which collects in the trachea and bronchial tubes. The nervous tension is now so great that the slightest stimulus, a breath of air, a ray of light, a bright object, slamming the door, will produce a convulsive seizure : previous to death there is a marked rise in the temperature ; death occurs from the second to the seventh day : the immediate cause of death being asphyxia from spasmodic stenosis of the larynx or obstruction of the air passages by mucus.

Some authors are of the opinion that rabies may be communicated by a dog that is not mad, and cases have been brought forward in support of this theory : these cases must be explained by the influence that the mind undoubtedly exerts over the body : Pseudo-hydrophobia.

Boley states that in no way can the disease be transmitted other than by inoculation with the saliva of a rabid dog. Magendie endorses him. Mr. Youatt says " the cuticle must be broken or the saliva come in direct contact with a mucous membrane."

Clifford Albutt, Meynert, Elder and others, have made autopsies and still there seems to be very little light thrown upon the pathogeny of the disease. Albutt found enlargement of the vessels in the cerebral convolutions ; pons, medulla and spinal cord, and granular



disintegration: Elder found absolutely nothing; and the results of the search of Lockhart Clark who examined parts of the brain, medulla and spinal cord were equally negative. Dr. Allan Mc Lane Hamilton says "The question to be answered after all is, whether this affection is a primary disorder of the nervous centers or whether it is the result of general blood poisoning. I am inclined to accept the latter theory, as the array of facts is too meager to permit any positive assertion of its nervous origin"; I am not disposed to agree with Dr. Hamilton's conclusions: for the reason that a close study of the manifestations of the developed malady points clearly to a dissonance of very important nervous centers. Two of the three pairs of nerves constituting the 8th pair viz: the pneumogastric and spinal accessory: the seventh auditory (portio mollis) and the second optic nerves, embrace and explain all the morbid phenomena of the disease.

Viz. Noise: auditory; light: optic; deglutition, phonation and respiration; pneumogastric and the spasms pneumogastric and spinal accessory. Dr. Watson says: "were I asked to define the seat of this disease I should place it without hesitation, in that division of the nervous system which comprises the excitatory motory apparatus \* \* \* that the materia morbosa acts mainly upon those nervous arcs which pertain to the throat and with which the eighth pair of nerves in particular is connected." The only pathological changes noted in post mortems were found in the floor of the fourth ventricle, from which region all the nerves named have some filaments arising. I will admit though that this distortion of function of the pneumogastric nerve results in blood poisoning, and this is the real cause of death."

Pseudo-hydrophobia, superinduced by fear, hysteria, epilepsy and tetanus also Calabar bean and picROTOXIN poisoning have to be differentiated from the true disease. The history of the case will clear it up, in the first three named: the risus sardonicus of tetanus is absent, also the opisthotonos and tonic spasms. The rapidity of action of the poisons, a dose of either carrying the patient off in a few hours, will serve to eliminate them.

Is a man who has been bitten by a mad dog and in whose case no precaution has been taken, a doomed man? will he be sure to have the disease and die of it? By no means: but few upon the whole of those who are bitten become affected with hydrophobia. There is no doubt that the majority of persons who are bitten by mad dogs escape the disease. Much will depend also upon the circumstances and the manner in which the bite is inflicted: if it be made through clothes, especially woolen garments, or through leather, the saliva may be wiped clean from the tooth before it reaches the flesh. Contact of the saliva with the unbroken cuticle is harmless, as has been proved in numerous instances in the past: but all observers are agreed, that contact of the saliva with the mucous membrane is sufficient to cause the disease. Bolinger states that out of 855 human beings bitten by rabid dogs 299 or nearly 35 per cent. of the cases ended fatally; but if we include also the bites of dogs suspected of being rabid, the proportion becomes decidedly more favorable 8 per cent. only of those bitten becoming ill and dying. Out of a total of 1,362 persons bitten by rabid dogs and dogs suspected of being rabid, there occurred 105 fatal cases. John Hunter states he knew an instance in which 21 persons had been bitten, but one alone dying. Dr. Hamilton estimates the proportion to be (1) one in twenty-five (25).

Supposing the virus to have been inserted into the part bitten, what becomes of it? is it immediately taken up into the system, and does it like the poison of smallpox in some mysterious way multiply and diffuse itself in the body until the disease explodes? or does it remain imprisoned in the wound or cicatrix for a time? this is an important practical question, for if the poison lurks for some weeks in the place where it was originally deposited, we might successfully remove it at any time between the infliction of the bite and the period of recrudescence. Now, these facts, that at the period of recrudescence, the wound or scar is reinflamed, often and almost always becomes the seat of some fresh morbid phenomena, such as pain,

swelling, numbness and the like, spreading towards the trunk—and that soon after this the peculiar symptoms begin : are very strong arguments in favor of the presumption that the poison does lie inert in the place of the original hurt for some time : certainly is a strong array of facts in favor of the excision of the part in the first instance, and if neglected then, at any time during the period of incubation.

Mr. Youatt favors the use of the caustic : operated on 400 persons bitten by dogs respecting the nature of whose disease there could be no question, not one of whom ever showed subsequently any symptoms of hydrophobia. He was himself bitten seven times and saved by the use of caustic. Bollinger states that cauterization saves 66 per cent. of those bitten by rabid dogs. Brefeld's excellent directions for the use of the caustic will be found in Dr. Raue's special pathology, p. 921.

Dr. Hering favors the use of radiant heat, using a live coal or a cigar ; protects the surrounding integument by covering parts with pieces of fat meat ; continues the application until the patient begins to shudder, repeating three or four times daily for one hour until the wound has healed. The application of suction, either by the mouth of the sufferer or by some other person, constitutes decidedly one of the most efficient measures. (Bollinger.)

The medicines used as prophylactics are belladonna, combinations of belladonna and scutellaria, xanthem spinosum and hydrophobin. Mr. Youatt experimented with many drugs, finally deciding on scutellaria and belladonna, which he regards as almost a specific. Scutellaria has long enjoyed a high reputation in the treatment of hydrophobia. Dr. Vandesveer introduced the drug in the capacity of a prophylactic and curative agent to the profession in 1772 ; he claims to have prevented 400 persons and one thousand cattle from becoming hydrophobic. His son is said to have relieved or cured 40 persons who had been bitten by the use of the same agent. The fact that so competent an observer as Mr. Youatt qualifies his statements should give us much confidence in this drug.

A Dr. Gryzmal, of the Russian province of Podolein, reports a certain, infallible cure in all cases in which this remedy (xanthem spinosum) is given before the "state of frenzy"; he has had equally good results in the treatment of canine rabies ; claims to be able to fortify his assertions with one hundred clinical cases : the dose is laid down as 3 oz. in 24 hours, and continued four weeks.

HYDROPHOBIN OR LYSSIN.—The use of a nosode as a medicine dates far back of Lux's day, and may have had advocates in the infancy of the race. In the first part of the present century Hahnemann mentions the case of a Russian bitten by a mad dog, who was said to have been cured by the saliva of the dog. Constantine Hering recommended hydrophobin as far back as the year 1849. Drs. Berridge, Swan and other homœopaths have long used many nosodes, among the rest hydrophobin. Dr. Buchman, a famous German physician and scientist, is of the opinion that a nosode may act curatively, and gives this explanation : "The physical combination of certain cell molecules with the ether atoms of a substance is able to diminish and suspend the bio-chemical affinity to the molecules of the same substance, therefore it is explainable that the high potency of a remedy acts as the antidote to excessive doses and symptoms of intoxication by the same medicine, and that the homœopathic attenuation of a disease substance can become the remedy for the bio-chemical combination of this disease substance." Hahnemann claims that if a nosode acts it must be because attenuation has destroyed the idem, and the cure if wrought would be a similimum to a similimum.

This discussion has led us into the field in which the celebrated Frenchman, Pasteur, is at work. Prof. Pasteur has made no claims as to results, hence failure means only labor lost ; his method is to inoculate patients with different strengths of the virus obtained from segments of the spinal cord of a dog dead of rabies ; these segments contain an amount of virulence or destructive power commensurate with the period of drying. The virus, if used in the first 24 hours, causing death from hydropho-

bia in seven days ; that exposed fourteen days causes but a trifling disturbance in the organism. Patients brought to Pasteur are inoculated with the most dry or longest exposed first, and finally with that which had been obtained in the preceding 24 hours ; the latter inoculation is not followed by pronounced symptoms, such as would have followed its use in the first place ; this, itself, appears to show some measure of protection.

If we argue on the ultimate results of Pasteur's method, taking the homœopathic use of the nosode as the basis of our argument, we will be compelled to conclude that failure must be the result. The use of the nosode in practice has been, first, temporary improvement, after which the disease progressed (if a mortal one) to a fatal issue ; but we may find a larger grain of hope if a different method in its use has any value. Pasteur begins with the weaker and ends with the stronger virus ; the cumulative effect may create the result necessary for the vital force to re-establish the normal equilibrium. Who is well enough informed to say that this is not the very essential thing, the base principle on which the philosophy stands ?

Belladonna has long been used as a prophylactic, recommended by the leading men of our school. The developed malady requires first of all the removal of every cause of excitement, the separation of the patient from everything calculated to disturb or render him anxious ; the maintainance of the utmost quiet ; the employment of a friendly tone of address in place of coercive measures, and the endeavor to calm the sufferer by kind treatment. Right here is a proper place to state "that while the disease is readily communicable from animals to man, or from man to animals in some instances, it is not communicable from man to man ; this fact is so well established that I fail to find an exception to the rule. The popular fear, therefore, of injury from attendance on those suffering from hydrophobia is groundless." (Gilchrist.)

Old school therapeutics mentions curare as the only remedy holding out any promise of success. I find in homœopathic literature the following

remedies, viz. : Belladonna, hyoscyamus, stramonium, lachesis, scutellaria, xanthem spinosum, spirea ulmer, hydrophobin, amyl nitrate, cannabis indica and elacampane. It is not called for in this paper for me to establish similars for these remedies, inasmuch as we are all in some degree familiar with their pathogenesis. The improved remedies culled from extraneous sources ; you have or will have learned as much as I know regarding them. It is said that a popular and successful treatment of the disease in China is to give stramonium strong enough to produce delirium when the hydrophobic symptoms pass away and do not return. Dr. J. C. Morgan, Philadelphia, mentions a case cured with this drug in drop doses.

In a case recorded by Dr. Owen, *Med. Advance*, V. 637, of undoubted authenticity, belladonna chiefly, but other remedies as indicated, produced a cure. In the transactions of the Philadelphia Co. Society, Dr. Toothaker states that he cured a case of hydrophobia with the use of lachesis. Dr. Berridge, London, Eng., mentions case of a boy aged 12, bitten by a rabid dog September, 1877, for whom he prescribed hydrophobin ; the period of incubation extended over two years, and the subsequent use of the drug in the developed malady produced euthanasia. Dr. Raue mentions spirea ulmer and states that during a paroxysm a patient devoured with eagerness a piece of the root of this plant ; one quarter of an hour, after, he became conscious, vomited and fell into a profound sleep for 24 hours ; he was afterwards well. Speaking of elacampane : Dr. Helmuth says many persons have been cured by it. Case—In 1858 a policeman, so far gone with hydrophobia as to have to be held in the carriage in which he was being driven to Germantown to the residence of Mr. Frye, was treated with success. Dr. Hale, in his "New Remedies," makes following mention of cannabis ind. : "In that dreadful disease, hydrophobia, it is highly recommended as the surest palliative when death is imminent ; the dose should be large, 20 to 40 grs. every hour, until quiet is obtained. In cases due to imagination, pseudo hydrophobia, it will doubtless act as a curative agent in smaller doses."

In conclusion, as a summary of my views, after thoughtful study, I submit these statements : There is no such thing as a specific remedy for hydrophobia ; but there are some few medicines indicated, and each in its place properly used will do good. I am not surprised that so few cures are reported of this disease ; for the reason that an attempt has been made in nearly every instance to effect that result with a single remedy ; but what are the facts, viz. : that we have no remedy that covers the symptoms of the disease in its totality. After making a comparison of the symptoms with many remedies, I propose a plan of treatment comprising three remedies, viz. : belladonna, mercurius and antimonium tartaricum, to be used in the order named, if called early to the case ; but if symptoms are fully developed, use that medicine most indicated by the stage. This treatment, I am convinced, would hold out promise of success. A very superficial study will convince any one that the pathogenesis of these three drugs correspond very fully with the totality of the symptoms. Belladonna has already some reputation. Mercury has been used without any particular purpose, reference to time, or propriety. Antimonium tartaricum I have found no mention of in any school in relation to the disease, but should its use keep pace with its pathogenetic indications, it will prove a sheet anchor.

#### PUERPERAL FEVER AND ERYSIPELAS.

BY

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THE question of the identity of puerperal fever and erysipelas has been discussed in our medical journals ; and in this case, as in so many others, there are found to be two opinions. My purpose is not to discuss this question, but simply to relate a case, exactly as it occurred, in my practice, and if it should serve to illustrate this subject, each one who reads it may draw his own conclusions. During the months of April, May and June, 1885, I was called upon to treat a large number of cases of erysipelas ; in short it was epidemic here. The

cases were, most of them, quite severe but none of them proved to be unmanageable. Aconite, belladonna and rhus were the principal remedies demanded.

I refused to take obstetric cases upon my hands ; but on the 21st of May I did consent to attend one case. The labor was a perfectly normal one. I did not touch the patient until I was sure the head was distending the perineum, and I was in the apartment but a few minutes, all told. The patient was an unusually strong and vigorous woman, and not in any way exposed to the contagium of erysipelas, save through my presence and attentions. She was the mother of two children, and previous labors were normal in all respects. Date of delivery, May 21, 7 o'clock P. M. The second day of her lying-in, viz. : May 23d, at 3 o'clock, P. M., she suffered a chill of moderate severity. At 6 o'clock P. M., I reached her bedside and found the following condition of things : Temperature, 103° ; pulse, 100 ; lochia scanty and pale ; severe pains, like "after pains ;" marked tenderness of the abdomen, with tympanitic distension ; tongue slightly coated, large and dry ; excessive thirst ; moist skin ; one loose evacuation from the bowels. Prescribed aconite and belladonna in alternation, and the following application to the abdomen : R Olive oil,  $\bar{5}$  iv. ; oil teribinthina,  $\bar{5}$  ij. Apply on a flannel cloth.

May 24th, 10 A. M. Temperature, 101.5° ; pulse, 90 ; respiration, 30 ; seven yellow, watery stools since last visit ; no milk ; pains somewhat relieved ; other symptoms unchanged. Prescription, ac. and merc. cor. in alternation. Continued the turp. stupe. 5.30 P. M. Temperature, 103° ; pulse, 105 ; respiration, 30. Six stools since former visit ; lochia more abundant and without odor ; other symptoms the same. Continued prescription.

May 25th, 8.30 A. M. Temperature, 100.5° ; pulse, 90 ; respiration, 25. Six passages from the bowels ; a little milk ; otherwise unchanged. Continued prescription. 6 P. M. Temperature, 101.¼° ; pulse, 90 ; respiration, 26. Four stools, very small ; lochia more abundant ; milk quite free ; skin moist ; other symptoms better. Continued prescription.



May 26th, 10 A. M. Temperature, 100; pulse, 80; respiration, 25. Lochia and milk normal; two stools since last visit; abdominal tenderness and tympanitis better; tongue moist; very dizzy; sweaty. Continued prescription. 5 P. M. Temperature, 100.5°; pulse, 80; respiration, 25. Bowels moved once; urine scanty; other symptoms better. Continued prescription.

May 27th, 10.30 A. M. Temperature, 100.1/4; pulse, 90; respiration, 24. No movement of bowels; pain only when moving; tongue moist; no thirst; lochia pale; urine scalding; no sweat; no appetite. Prescription unchanged. 6.30 P. M. Temperature, 102.1/2°; pulse, 96; respiration, 30. Symptoms as in morning. Prescription, bell. and nux. in alternation. Omit stupe.

May 28th (thermometer broken). Pulse, 80; respiration, 25. All symptoms better. Continued prescription. 7 P. M. Pulse 96. Better. Bell. 3x and bry. 31d alternately. Wet compress to abdomen.

May 29th, 10 A. M. Pulse, 80; respiration, 22. Pain in small of back. Continue bell. and bry. No evening visit.

May 30th, 8 A. M. Pulse, 90; respiration, 24. Two movements of bowels, with some pain, during the night; pain and soreness in right groin and leg; tongue dry; sleep light. Prescription, ars. and bell. alternately.

May 31st. Pulse, 90; respiration, 25. Symptoms unchanged. Prescribed 5 gr. doses bromide of potassium every two hours.

June 1st. Symptomis the same. Continued the bromide of potassium.

June 2d. Pulse 90. Leg better; milk free; lochia normal; tip of nose red, very sore and painful. Prescription, aconite and belladonna alternately.

June 3d, 8 A. M. (new thermometer.) Temperature, 100°; pulse, 95. Swelling, redness, heat spreading over face. Prescription, ac. and bell. as before. Locally, an infusion of "Carpenter's Square" (*scropularia Marylandica*).

June 4th, 8 A. M. Temperature, 100; pulse, 100. Inflammation of nose better; whole face involved; dark red color. Continued prescription.

June 5th, 10 A. M. Temperature, 99 1/2°; pulse, 80. Swelling of face

subsiding; color better; tongue clean; bowels, lochia, milk normal. Continued prescription.

June 6th, 10 A. M. Improving.

June 7th, 10 A. M. Improving.

June 8th, 8 A. M. Temperature, 100 2/5°; pulse, 88. Tongue clean; no appetite; bowels costive; urine hot. Prescription, hydrastis, 3x.

From this time, improvement went on rapidly and uninterruptedly. From that time, March 1, 1886, to this, her health has been as good as before. There seem to be no bad effects following an illness that gave me some uneasiness. One or two queries. 1. Was this case at first one of puerperal fever? 2. Was the trouble in the right leg and groin caused by phlebitis of the femoral vein? 3. Was the swelling of the face erysipelas? If the answer is yes, what is the conclusion as to the identity of puerperal fever and erysipelas, so far as cause is concerned?

#### OBSERVATIONS ON THE TREATMENT OF PULMONARY COMPLAINTS.

BY

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**B**ELIEVING that consumptive patients who remain mostly in the open air are greatly relieved by so doing, I desire to call attention to the following cases:

CASE I.—Mr. Delamater, farmer, aged 45, a resident of Erie County, Ohio, consulted me in May on account of extreme sensitiveness of the nape of the neck to cold. He felt as though cold air was clowing on it most of the time.

Mr. D. was one of five brothers, four of whom had died of phthisis pulmonalis, and knew that he himself must soon succumb to the same disease. Experts had but one diagnosis and prognosis, that was, death from consumption.

Knowing his history, and the history of his family, I gave him a few doses of *calc. carb.*, telling him that if that helped him to take nothing else unless the symptoms returned. Although they returned at lengthened intervals, they ceased on the following October. Besides the relief from coldness of the nape of the

neck, he said he believed he felt better than he did the previous year.

About the first of November I ordered him to mount his horse every morning immediately after breakfast, until the next spring, and to remain out, except time for dinner (country), until sundown. No exceptions were allowed, except for rain that would wet his clothes through, and the privilege of stopping not more than fifteen minutes to get warm in any of his neighbors' houses. To this he assented hesitatingly, as the winter before he was scarcely able to take care of thirty sheep. He faithfully obeyed to the letter, being out in the severest winds and snow storms of the season, the thermometer occasionally marking 15° below zero. After the coldness of the nape of the neck left him he took no medicine until the next April, at which time he had a severe cough which discouraged him very much. A sensation of a hair on the root of the tongue, for which I gave one dose of sillicia with such complete success that he took no more medicine, as he recovered entirely of all symptoms of active disease. In May he went to Kellys Island (in Lake Erie), took good care of a small vineyard, and returned home for the winter in November, entirely recovered, except short breath from any hurried exercises, though moderate activity did not discommode him. He lived eighteen years after, but had no return of his disease, and taking very little medicine for any sickness.

CASE II.—Mrs. Weaver, Huron County, O., aged 35, far advanced with phthisis, had chilliness about 10 A. M., followed by fever, cough, profuse expectoration and night sweats. She observed that by riding out in the morning from 9 A. M. to near noon she escaped the chilliness, most of the fever and cough, and had less sweat at night.

I gave her various remedies, but with no lasting effect, and recommended her to be out in her carriage as much as she wished, and to go out every morning at least. By riding she felt comfortable most of the time. She wished to visit Pennsylvania, to which I gave my consent, as I was doing no permanent good for her disease. On her journey, (accompanied by her husband), she rode

ten or twenty miles a day. She felt so well that she and her husband felt much encouraged, hoping that she might recover. However, while in the mountains on a cold stormy day (she had been on the road about six weeks) she chose to remain in the house. She had a chill about 10 A. M. and died before night.

CASE III.—Mr. Henry Vroman, aged 20, of a phthisical habit, crippled by a scrofulous abscess of the knee, residing in Minnesota, came to Ohio on account of his weak and failing condition. He had cough, some fever, and the appearance of one in the early stage of consumption. (His mother died of consumption when he was three years old.)

The change of climate and general surroundings revived him, and being an active person, he was almost constantly out in the air busying himself in various ways. He kept steadily gaining, so that in June he was able to use a mowing machine to cut several tons of hay, and did such work as his crippled condition would allow till fall. At this time he felt so well that he returned to his office in Minnesota, where he died the following spring of consumption.

CASE IV.—Two sons of a physician residing in southeastern Wisconsin are now in robust health that fifteen years ago were failing in strength and flesh. They resided four years in Colorado. One returned in two and a half years, but was obliged to return on account of failing health.

CASE V.—A lady residing twenty miles from my office was seen by me late in May. I found her with pulse, 120, feet very much swollen confined to bed most of the time, living on light diet and drinking about four ounces of whiskey per day. I ordered the whiskey stopped entirely. For diet she wished a boiled dinner of pork or beef, potatoes and cabbage, which she was advised to eat moderately of for a few days and then use all she wished of it. I ordered her to be put in a carriage and driven slowly a short distance at first, but to go as far and be out as long as she could without too much fatigue. She improved rapidly. In two months she came on the railway cars to visit friends the distance of twenty miles. Walked a half mile to her

friends and back, and returned in the evening train without too much fatigue. She remained very comfortable until cold stormy weather came on, when she remained in doors and died in December.

CASE VI.—Mrs. C., aged 28, feeling unwell for some time, applied to a physician for examination and treatment. She was found to be past hope of cure, from consumption. She was taken to Asheville, N. C., where she spent much of her time riding about the country. After a few months residence there she started for her home in northern Ohio. When she arrived in Cincinnati she wrote to her friends saying, she felt so very well that she would make the rest of her journey on the cars, and requested them to meet her at the station. They met her at the station but she was a corpse, having died on the train in a few hours after starting for home.

Experience teaches us that open air for consumption is not equally good in all places, yet it proves that it is very much better than staying in the house to avoid colds.

A dry soil is of great importance especially in neighborhoods of slight elevation above the sea level.

In mountainous districts the air and soil are dry, besides this the altitude is a great help. An altitude of 2,000 feet or more, therefore, combines all the conditions for the cure of consumptives. If it is a mild climate like Asheville and northern Georgia where consumption is seldom known among the natives you have all that can be asked of nature.

Do not in any case of Phthisis that is far advanced send them away from home even if it is only a few miles distant. It almost invariably hastens their death. While at home they should be out in the open air in a carriage or in some way that does not fatigue them too much. This will give them more relief than anything else. There is very little danger of taking cold, a calamity which to avoid, so much unnecessary pains are taken. Let the patient generally be the judge in the case.

I believe the day is coming when intelligent treatment and a residence in localities favorable to recovery from consumption will remove it from the list of incurable diseases.

## BOSSISM IN MEDICAL SOCIETIES.

BY

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Kansas City, Mo.

Medical societies, in common with similar organizations, are not exempt from bossism. It seems strange, indeed, that men organized for a given and well-defined purpose cannot in all cases devote their time and thought to the work in hand. Some men get the idea firmly implanted in their minds that God has endowed them with more than ordinary wisdom and acumen, and in exemplification of that idea they proceed to run things, to fix elections, to arrange committees, to bring in the halt, the lame and the blind on election night, and in various and sundry ways to demonstrate their ability. If it be a pity to spoil a good cobbler to make a poor lawyer, it certainly is more of a pity to spoil a good politician to make a poor doctor. To bring to a society of gentlemen belonging to a presumably learned and dignified profession the methods of ward caucuses is certainly a prostitution of a noble profession. The motives which inspire such a course, trivial and frequently amounting to nothing more than the gratification of personal pride and an overbearing desire for notoriety, are certainly unworthy of men and gentlemen, and the results of such a course can only be an impairment of the usefulness of the society, and interference with its proper function. Bossism has well-nigh made it impossible for the International Congress to meet in this country. The Congress has been in past years open to all medical men of reputable standing, whatever may be their school or belief, but now in this free and enlightened Republic, for the first time in the history of the Congress, the question of ethics and medical practice has been raised. Bossism introduced and carried a resolution at the New Orleans meeting of the American Medical Association to that effect, contrary to the better judgment of a majority of the leading physicians of this country, and this movement has resulted in the withdrawal of a large number of the very best men from the Congress. The

effects of bossism are always bad and never good. This rule or ruin policy is almost universal, and hardly a medical society of any size can be found where the man with a job is not abroad in the land. How to prevent such results as are constantly being sought after by these medico-political tricksters is easier asked than answered, but if honest and fair-minded men will frown down all such men and measures, and keep up a vigorous warfare against, them their occupation will soon be gone.

**FIFTEEN MONTHS' WORK IN OVARIOTOMY IN THE HOMŒOPATHIC HOSPITAL, PITTSBURG.**

REPORTED BY

C. H. HOFMANN, M. D.

To the Pennsylvania Homœopathic Medical Society.

THE reports of these cases of ovariectomy are condensed from the hospital records. They extend from May 7th, 1884, the date of the first operation, to August 1st, 1885, the date of the discharge of the last patient. All of the operations were performed with the assistance of the surgical staff of the hospital, to whose valuable services Dr. McClelland and myself render acknowledgment.

**CASE I.—Double Ovariectomy.**—Service of Dr. J. H. McClelland. L. M—, single, æt. 30, slender build. History of pelvic distress, such as dysuria, pressure on rectum, constipation, and sensations of weight and bearing-down, dating back several years. Gradual enlargement of the abdomen during the last year. A diagnosis of ovary tumor was easily made out.

Admitted May 5th, 1884, having been under Dr. McClelland's care for some months previous, securing partial relief from dysmenorrhœa and other distressing symptoms.

**May 7th.**—The abdomen was opened, and the ovarian cyst having been emptied in the usual manner, it was removed. The pedicle was ligated in sections with carbolized silk, cut short, and dropped into the belly.

The other (left) ovary was found to be cystic and much enlarged. To prevent future trouble this was also removed,

the pedicle being treated in the same manner as on the other side.

The operation was done under the spray and every antiseptic precaution observed. Over the antiseptic gauze a plentiful covering of surgical cotton was laid, and the whole secured with broad adhesive strips. The anæsthetic was Squibb's ether.

Nausea and vomiting were very persistent during the evening and night following the operation, but slightly relieved by *veratrum alb.* Temperature slightly subnormal, with cold sweats. On the second and third days nausea and vomiting continued, with temperature and pulse but little above normal. Having had no sleep, and hoping to control the vomiting a hypodermic of morphia was administered with the effect of procuring a good night's rest.

On the fourth day vomiting returned and was relieved by *ipecac.* Temperature, 99.5°; pulse, 86. There was no further difficulty save from the gastric disturbance, which persisted for several days longer until finally relieved by *Arsen.* The temperature never rose above 99.5°, and on the eighth day the stitches were removed, the wound having healed. The patient was discharged in good health June 5th, less than a month after the operation.

It may be remarked that although both ovaries were removed, menstruation was resumed after the third month, and has recurred ever since—over a year.

**CASE II.—Left Ovarian Double Cyst.**—Service of Dr. J. H. McClelland. S. M. L—, single, æt. 30, school teacher, and of large, fine physique. Admitted May 8th, 1884.

The operation was performed at once; a double cyst was found; it was evacuated and removed through the six inch abdominal opening. Silk ligatures were used and the pedicle cut short and dropped. Chloroform was used, and the succeeding nausea was much less than in the preceding case.

The next day the temperature reached 100.5°, and the patient complained of pleuritic pains. This was the highest temperature attained. *R. Bryon.* For a cough *sticta* was given, and for cold sweats *merc. sol.*



The sutures were removed on the seventh day, the wound having healed by first intention. Discharged on the 23d day.

Menstruation was resumed at the second month, and was much less painful and her general health has remained perfect.

*CASE III.—Left Ovarian Cyst.*—Service of Dr. J. H. McClelland, H. S.—, single, æt. 43. Large and rather fleshy, with thick abdominal walls.

This patient had been under treatment since April 2d, 1884, for various complaints including pains in the left ovary extending down left thigh and leg, producing at times lameness. Dr. McClelland made out with difficulty an enlarged ovary, and proposed its removal. June 7th the abdomen was opened and a semi-solid ovarian tumor was uncovered, about the size of a small cocoanut. It was adherent to the bladder and intestines, and its walls were found to be friable. Owing to the thickness of the abdominal walls the adhesions and subsequent bleeding were not easily managed, but its successful removal was finally accomplished.

Silk ligatures were employed and *ferum persulp.* was carefully used to stop the oozing. Chloroform was the anæsthetic used, and the subsequent nausea was not persistent. *B. Arnica*<sup>6x</sup>.

*June 8th.*—Temperature 100.6° which was the highest reached. Sutures were removed the seventh day, healing by first intention. Although well over the operation by the end of three weeks, this patient remained in the hospital until July 23d.

Menstruation was not interrupted. Since the operation many of the sciatic pains and reflex nervous and gastric symptoms have disappeared.

*CASE IV.—Left Ovarian Cyst.*—Service, Dr. C. H. Hofmann, C. G.—, married, æt. 53, admitted October 9th, 1884.

About a year before this she noticed a tumor in the left side, which, however, gave her no inconvenience. Nine months ago she began to have pain in the back and swelling of the abdomen. She was also troubled with flatulence which made the abdomen feel very sore. Further than this there was no difficulty

except that she could not eat much as it made her feel too full.

Two weeks ago was taken with a pain in the left side radiating over the abdomen. She kept the abdomen warm as it relieved the pain somewhat.

By palpation the abdomen showed a circumscribed tumor about 9 or 10 inches in diameter, extending to within 3 inches of the ensiform cartilage. Walls seem movable over tumor.

October 11th.—An incision was made from the umbilicus to the pubes. The sac of the tumor was very tough, but there were no adhesions. Pedicle was about four inches wide and attached to the left side of the uterus. The pedicle contained some very large vessels, and this, with the thickness, made it difficult to ligate. There was considerable oozing after the application of the ligature, but this was finally overcome by the application of actual cautery, searing the stump black. No spray was used but the other antiseptic precautions were observed.

There was little or no nausea, and the stitches were removed on the tenth day. Highest temperature reached was 100°.

Discharged October 28th, on the 17th day.

*CASE V.—Left Ovarian Cyst.*—Service of Dr. C. H. Hofmann, C. L.—, married, æt. 25, admitted March 10th, 1885.

Had noticed a swelling in the left ovarian region for some time past. She first noticed this after an abortion when she found she did not regain her natural size. The tumor gradually enlarged until now she is as large as if in the beginning of the eighth month of pregnancy.

March 19th.—The tumor, springing from the left ovary, was removed without any special incident. The stump was ligated, seared, and dropped.

There was considerable nausea for several days which was best controlled by drinking hot water with a pinch of salt.

Stitches were removed on the tenth day. Highest temperature recorded 100.2°.

Discharged April 2d, the fourteenth day after operation. She became preg-

nant and was aborted at two months in the middle of July.

CASE VI.—*Multilocular Cyst of Left Side With Firm Adhesions.*—Service of Dr. C. H. Hofmann. H. H.—, æt 42, married, admitted July 14th, 1885.

The patient first noticed the enlargement of her abdomen in August, 1883. There was no pain at that time. A pessary was introduced by an old school physician in April, 1884, but it caused her so much pain that it was removed a day or two after.

Soon after she was tapped by the same physician, since which time this operation has been repeated twice, the last time in August, 1884. She had a continual metrorrhagia at first, but this was relieved by the tapping, returning, however, in June last. She had no pain till four weeks ago. This pain was in the left hypochondriac region, and was of a stitching character, worse on breathing, coughing, etc.

There was present on her admission great loss of flesh and strength; tongue red and cracked; no appetite; great thirst; could eat only a little at a time, and this was frequently vomited. She had also sour eructations after eating. R. Arsen.<sup>xx</sup>

July 16th.—The patient was anæsthetized and the incision made in the usual manner from the umbilicus to the pubes. On introducing the hand into the abdominal cavity extensive adhesions were encountered, and these, together with the fact that the tumor extended to the ensiform cartilage, compelled the enlargement of the incision until at last it reached from the ensiform cartilage to the pubes. Extensive adhesions, both recent and old, were found over the whole anterior surface of the tumor. Some of these being divided by the hand, bled freely and had to be seared with Paquelin's thermo-cautery, others were dissected off by the same means—*i. e.*, using thermo-cautery as a hot knife.

During this stage of the operation the patient sank, and the pulse and breathing became imperceptible, but artificial respiration, hot bottles to the feet, and hypodermic injections of brandy, revived her.

The pedicle was ligated and the stump seared and dropped, the abdominal

wound was closed by means of twenty-five sutures.

The growth was multilocular and had very much the appearance of a bunch of grapes; the cysts ranging from the size of a man's head down to the very smallest. Some of these cysts contained partly fluid and partly clotted blood, others a straw yellow, and still others a white limpid fluid like water. The tumor with all the larger cysts evacuated weighed 12½ pounds and it was estimated to weigh 40 pounds in its original condition.

The patient slept some during the night and towards morning had some nausea which was relieved by the hot salt water. She was given calendula<sup>ix</sup> in teaspoonful doses for the double purpose of the action of the calendula and the stimulating effects of the alcohol. There was some burning along the line of the incision but the calendula relieved this very nicely.

She was kept on liquid diet for the first 5 or 6 days. She was catheterized every 4 hours, and whenever flatulence appeared, the rectal tube was used. The temperature never ran above 100.2°, except on the 18th, when it rose to 102.2°. The window had been up during the night and she had evidently caught cold, as she complained of sore throat and headache. Bell.<sup>xx</sup> was given, and under it the temperature came down in two days to normal.

July 22d, the stitches were removed and she sat up the next day. From this time on she had a voracious appetite. She would eat five or six times a day, and digest it too, showing that it was Nature's effort to recuperate from the long starving.

She was discharged August 1st, 1885, 16 days after the operation.

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ARGUMENT ON SENATE BILL NO. 40  
BEFORE THE SENATE COMMITTEE,  
FEBRUARY 3, 1886.

BY

W. S. SEARLE, M. D.

Brooklyn, N. Y.

GENTLEMEN:—In the various walks of life those only who tread them keenly feel the environment of law as it stands related to them. And, when as time passes and circumstances change, they

become seriously incommoded by legal restrictions or by the lack of them, the sole and proper remedy lies in an appeal to those in whom is vested the power so to change the laws as more accurately to fit the altered conditions of life.

In this sorry plight the medical profession has long been struggling. The situation has finally become intolerable, and for several successive years the legislature has been asked for relief. It has not as yet been afforded. And, perhaps, it has properly been refused because suitable modifications of the law have not been proposed—modifications grounded in sound judgment and equity.

As one who for more than a quarter of a century has given much time and thought to this subject—as the originator of the law of 1872, now in force, and with fourteen years of experience as a state medical examiner under that law—and, finally as the author of the measure now in your hands, I appear before you to advocate a project which, while it doubtless possesses features which your better judgment may modify, and some which you may reject altogether, has at least this merit—it differs radically from all schemes heretofore proposed, and is free from many of the objectionable characteristics which have proven fatal to them.

That such measures have been repeatedly urged upon you is, of itself, evidence that some change in medical law is felt to be desirable. The circumstances which environ this profession have greatly changed during the last half century while the statutes regulating it have not been materially altered. There may have been a time when the number of physicians in this country was too small, and it was good policy to favor their increase. That time has certainly passed. The number is now far too great, and its proportion to the population is constantly becoming greater. Medical colleges have sprung up in such numbers and they are grinding out doctors to such an extent that the profession is being suffocated. Are you aware that the census shows that, from the Canada line to the Mexican border, there is now one doctor to every four hundred of our inhabitants? There are twenty thousand more doctors than lawyers in

America and you know that even that profession is over crowded. In no civilized land is the proportion so enormous. One physician to from every fifteen hundred to three thousand people amply meets the demands of life in Europe.

Again the standard of attainment legally required is much lower here than in any other enlightened nation. I know that we have many able and accomplished physicians, but, taking the profession as a whole, not one half could pass the examinations demanded in England. Not one quarter would be allowed to practice in Germany and France, nor even in Spain or Italy. Some of our medical colleges have tried to erect a higher standard, and have lengthened the period of necessary study. But they have been compelled to abandon their attempts or see their benches deserted for those of more complaisant schools. "A pasture fence is no higher than its lowest point," and the lowest point in the fence around this profession in America is very low indeed. In one year and a half a man may take the two short prescribed courses of lectures, and from any common occupation, blossom out into a doctor with full legal rights and privileges.

Is it any wonder that this noble profession—one which has concern with the highest sanctities of life—one which demands and affords a field for the exercise of the highest faculties of man—one which deals with the most delicate and complicated mechanism created by deity—one which brings its votary into intimate relations with the most sacred spot of earth—the home and the family—is it any wonder, I say, that this profession has fallen to so low an estate in our midst.

It is, moreover, a profession where ignorance is easily hidden by shameless and conscienceless impudence. The grave closes over the blunders of the doctor, and the victim is forgotten. It was God's will, so think deluded friends. And if, on the contrary, nature restores the patient, in spite of his ignorant guide, the lucky doctor gets all the credit. No lawyer can blunder and be undetected. Judge and jury alike condemn him. The mistakes of the clergy are patent, but the blind fetishism with which the favor-

ite family doctor is regarded is something that would be laughable if it were not appalling.

How can sensible and conscientious legislators remain indifferent to such a state of things. Let the uneducated man exhort—let the shyster guard your property, if you will, but to allow the ignorant and unprincipled to tamper with the lives of yourselves and your families is the height of unwisdom. The general government will not so expose its common soldiers and sailors. It demands a rigid re-examination of its surgeons. The laws of other countries will not permit it. Why are we less careful and prudent than they ?

I have intimated that, while the average citizen makes a god out of his own private doctor, wise and thoughtful men have come to look upon the profession in general with scanty respect. And this affords another reason why reform is demanded.

It is a very undesirable thing when any of the so-called learned professions is lightly esteemed. Society is founded upon the mutual regard of individuals not only, but of institutions, professions, orders and classes of men. And by as much as faith and honor and fair dealing become exceptional among them, and consequent respect is withdrawn, by so much is the very basis of society undermined and impaired. Note, moreover, that the title of doctor has been extended until it has lost its distinctiveness. The dentist, the druggist, the veterinary, the clairvoyant, the pretender of all sorts is dubbed doctor. We have doctors of divinity, doctors of laws and doctors of philosophy. If the word ever was a distinctive title, it has long ceased to be such.

Then, owing to laxity in bestowing the degree of doctor of medicine, the profession has been filled to overflowing with men whose ignorance in every respect is a deep disgrace. Did time permit, I could detail scenes and relate incidents, bearing upon this point which would fail to astonish you only because you are familiar with similar facts. In the year eighteen-hundred and eighty-six, in the midst of the most cultivated communities, there are doctors of extensive practice, as much members of this learned

and liberal profession as any before the law, who can not write their own language, can not spell common words, are uneducated in every ordinary sense, and, worse than all, have the merest smattering of medical knowledge. They are legalized handlers of the most deadly poisons, and often prescribe them in doses that the druggist does not dare dispense, and in their hands, the sport of chance, are the lives of our citizens. None but a fool or a lunatic would place his costly chronometer in the hands of a yearling infant for a toy. But even he is a very Solomon for wisdom compared with those who are equally reckless of a far more delicate and priceless instrument.

I am well aware that knowledge and skill—book-learning and common sense are not necessarily twins. But native tact and aptitude, you will all allow, are much more likely to be useful and reliable when backed by knowledge in any employment. And while no law can guarantee genius or skill in the doctor, you will not question that a higher average of ability and usefulness will be insured among physicians by insisting upon their proper education. This is the *consensus* of mankind, everywhere, in all ages and countries, unless we are prepared to abandon all educational requirements, and throw open the doors of medicine as widely as those of mere trade, there should be some standard of attainment, and that standard should be placed as high as the times demand. What was appropriate fifty years ago can not be fitting now. The engineer, the soldier, the lawyer, the priest of this day must be more thoroughly and exhaustively educated than formerly. Why should not more be demanded from him to whom are entrusted life and health ?

The minds of some of our citizens at least are awake to this need. Vanderbilt was sagacious enough to handsomely endow a medical college, and his relatives are following in his footsteps. Physicians themselves are no longer content with what can be derived from the ordinary medical college.

Post-graduate schools have been established, and are largely patronized.

All these things point upward and



voice a craving, both in and out of the profession, for a better state of things.

It is not uncommonly believed and said, by those who think superficially, that in this—as in all other employments if education is really useful—if the more the doctor knows the more he can cure, he needs protection against the quack no more than the skillful carpenter needs defense from the tyro in his trade; such men also claim that the citizen needs no other criterion than cures by which to estimate the doctor.

*"Exitus acta probat."* This is a somewhat specious but wholly fallacious argument. For, as every observant man knows, the doctor's death list bears no relation to his popularity. His friends and he have reasons for his fatalities as plenty as blackberries in a hill-side pasture. Besides, so many are the factors which are potent in the death or recovery of the sick, that the amount of influence justly due to each can not be apportioned. Unseen and unknown forces work with or against the doctor to such an extent that the problem of the amount and nature of his own influence is frequently a puzzle even to himself. So that the doctor can not be fairly estimated by the apparent results of his labors.

Still more, these results themselves are not known in our larger communities. They are to be found in the archives of the health boards, it is true, but nothing is publicly heard of them. And thus the citizen is left without even this poor criterion for judgment and choice, indeed without any at all.

However we may reason upon or explain this peculiar relation of the doctor to the public, from long experience I know the grounds upon which the average citizen selects his doctor. As a matter of fact, they are social and personal mainly. This one has attended my family for years, and none of us has died; this one goes to our church, belongs to our lodge; this one dresses well, and has manners that please the ladies, etc., etc. What a farce! May not a doctor have this or have all these, and yet be the veriest quack and knave? Would any rational man so choose his lawyer or any one to do him service?

And yet, what other basis of choice has the citizen, and who will be harmed by giving him another and a better?

Well! Now what can be done? How can the law be so amended as, on the one hand, to favor a high standard of attainment in the medical profession, and, on the other, redound to the advantage of the citizen by aiding him in an intelligent choice of a medical adviser?

The various schemes to this end which have been proposed have all been inspired by the ideas and laws of monarchical countries. The power to grant the degree of doctor of medicine and the license to practice were to be taken from the colleges, and given to a state board of examiners like that of Germany. None but licenciates of this board were to be permitted to practice medicine and surgery.

Now the great, and, in my opinion, fatal objection to such schemes is that they are unsuited to, and out of harmony with republican institutions, and therefore, in the end, must prove nugatory.

Ideally, the monarch is a parent, and his subjects are children. He says, you are incompetent to choose your priest or your lawyer or your doctor. That is a function for my wiser head. Here are men to whose trustworthiness I certify. These, and these only, you must employ.

But in a republic the citizen is sovereign, and the state is a usurper when it arrogates to itself such prerogatives. *No law can prevent the sovereign American citizen from employing whomever he will* in any professional capacity; such control has often been attempted, and it has always failed and must fail. In 1830 a stringent law was enacted against quackery in this state, and never did quacks flourish as under that same law. A similar law, lately enacted, lies more than half dead on the statute book to-day.

Under it a few arrests have been made in New York city and one or two elsewhere. A few convictions and fines have followed. But the great mass of offenders remains and will remain untouched. Laws which are repugnant to the genius of a country always die from inanition if not repealed. Even the

laws for the punishment of abortionists are seldom and with great difficulty enforced.

It is useless and foolish, then, as well as undemocratic, to attempt such legislation. The only possible, proper, republican method lies along the line of the measure now before you. The state can set its seal of approval upon men of exceptional knowledge, can certify to the same by some distinctive title, can protect these state physicians in the enjoyment of that title, and then say to the citizen : Here are men to whose competency I can and do certify : employ them or not as you choose. It can furnish the better and the best, and leave all further responsibility where, under our governmental ideas, it properly belongs, *with the sovereign citizen himself.*

This the state must do, or do nothing effectively. This it must do, or come short of its duty both to the medical profession and to the community. This done, and all is done that is possible in a republic.

Now let us see what this bill proposes. A state board of examiners of whom nothing is demanded except that they be well educated men. Candidates are to show the chancellor that they have earned the degrees of M. D. and of A. B. or Ph. D. Then they are sent to the board for an examination which is to be thorough and practical. Not a few questions which any book-worm with a memory could answer, but an investigation into what they really know, and can do. Examinations are to be in writing so far as possible, and, with the written votes of the examiners, to be transmitted to the Regents. No questions are to be asked in therapeutics (reasons for this provision will be given later). Successful candidates are to receive diplomas from the regents conferring the titles of State Physician and State Physician and Surgeon. These titles are to be kept from usurpation by penalty of imprisonment.

These are the chief features of the bill.

Now, regarding this whole project, I remark first that it should and will, I think, command favor from the colleges that effectually opposed other measures because they disfranchised them. They

are justly jealous of their privileges. They have millions of dollars invested in various ways, and have enjoyed their franchises too long to be easily disturbed, even were it desirable. But this bill not only avoids injury to them ; it supports them, for candidates must have the degree of M. D. It also helps them to set up a high standard of education, for candidates can only obtain instruction at their hands, and must have it. The necessity for the preliminary degree of A. B. or Ph. D. discourages the entrance of ignorant men upon a course of medical study. These titles fit as a crown upon post-graduate and special courses of study. The scheme takes from no physician now in practice any of his legal rights and privileges. Doubtless many of these will easily attain the state degrees. But, if they do not, their circle of practice is already formed, and their experience will properly weigh against the learning of the young state physician. It will take time for people to learn what these new titles mean, and so the reform will be gradual and work the more smoothly. The shoe will pinch somewhere no doubt. Every new shoe must. No reform can be an unmixed good to everybody. But think how it will stimulate the ambition of the medical student. Having obtained his college degree, and entered upon practice, he will still be an earnest seeker, for before him would hang a higher and valuable prize. The proposed titles are obvious in their meaning, and susceptible of employment as the present title now is. And, as years pass, and the standard of the examiners rises (for it is capable of unlimited extension), the time will come when the general government will no longer be obliged to guard the doors of its army and navy. The American medical profession, at least so far as the Empire State is concerned, will no longer be "a byword and a hissing" in our own or other lands, but will rise to and occupy its true position.

A few words now on the exclusion of therapeutics from the proposed examination. In the first place candidates will have been instructed in this branch in their colleges ; secondly, if a physician is well instructed as to the properties of drugs and in the nature and course of

disease, I hold, not only that he is able to determine for himself how he can best employ the one against the other, but that he should be absolutely free to do so without fear of dictation in any shape from any sect or school or college or society.

Therapeutics has always been, and will always be, the battlefield of the medical profession. And such conflicts always have, and always must, impede progress in medical art. No sane man, conversant with medical history, will dispute this proposition. But among state physicians the names and divisions of sect or school will have no place. They will stand upon a higher plane, above the dust and smoke of such contests, and engaged in work more beneficial to the community. What cares the sick man for therapeutic theories? His cry is for health and life. And the state physician, untrammelled, free from bigotry, and the fear of what his fellows may think or say, can give him help from any and all sources.

Is this not for the general welfare? Are you not sick and tired of this eternal squabble of medical schools? The legislature has been badgered to give so many places on a state examining board to one school, and so many to another; to give each separate school its own board, and thus asked to countenance and aid in the perpetuation of distinctions that liberal minds of all sides deplore, and declare to be both false and unnecessary. In this struggle for the mastery, all projects for the good of the profession and for the general welfare have failed.

Now, give us honorable and competent men in a state board, deprive them of their stings of intolerance, and nothing more can be desired.

It has been said that neither this nor any other legislature will consent to the creation of new titles and degrees in medicine. That it would be to inaugurate an aristocracy, and therefore undemocratic.

But there *are* separate and distinct titles already in law and in divinity, and many similar castes are familiar in the army and navy. As much as any true democrat I despise an hereditary aristocracy such as has cursed and still curses

mankind. But who objects to an aristocracy of learning? Who can prevent one be he ever so red a republican? Besides you cannot advance a step in the direction of reform in our profession without creating a caste. The very degree of M. D. now existing is the badge of a caste—such an one as it is. The state boards proposed in other bills would create another. If one title is a proper and useful thing, why not two or more? This bill provides for two in accordance with knowledge. And, upon this point, I wish to say that a distinction between physicians and surgeons is no new thing. As a matter of fact, it exists now, and is understood by everybody. And, while it is necessary that every surgeon should be a physician, it goes without saying that a physician need not be a surgeon, in our cities at least. Such distinctive appellations are old and common in England, and have been proven to be both useful and desirable there. The fact that high standards of attainment are to be set up by the proposed board intensifies the propriety of two degrees. It surely would not be just to insist that every physician should be a highly accomplished surgeon, and no one can prevent the physician from practicing surgery to any extent he may desire.

The expense attending the attainment of these degrees has been named in the bill at one hundred dollars. I am by no means sure that this is enough. The income should be large enough to cover the expenses of the regents and of the examiners, as well as to amply remunerate the members of the board who will doubtless be physicians whose time is valuable. They must provide a place for practical examinations—probably in connection with some hospital where material for such examinations could be obtained, and an expensive outfit of instruments would be necessary. Considering the certainty that the new titles will be valuable as well as honorable, I am clearly of the opinion that the fees named are too low rather than too high. The provision for a new board after five years, to which none but state physicians and surgeons are eligible, is simple justice.

Finally, the nine-tenths vote made

necessary to success by the bill should not be changed. "Whatever is worth doing at all is worth doing well." And if these degrees are to be worth any thing they should be correspondingly difficult of attainment.

These are the only points in the measure that appear to me to need discussion. I will only say, in closing, that should the legislature approve the bill, it will, in my judgment, do more to elevate the medical profession than it can accomplish in any other way. Men as individuals or as classes, can be drawn higher by stimulating their ambition for honor and profit than by any possible prohibitory law.

Tell the drunkard that at the end of a year of sobriety he shall have a thousand dollars, and the Maine law would be nowhere. Tell the doctor that by diligent study and observant practice he may become a state physician, and no prohibitory law could equal the results you would obtain. Enact this law, and when men come to understand it, they will have a rational basis for choice among doctors. So far as it is possible to extinguish quackery in this country, that result also will be attained. It will make medicine, "in deed and in truth" a "learned and liberal profession."

#### ABSTRACTS.

**LUPUS AND ICE-BAG.**—Dr. Gerhard considers lupus a scrofulide and therefore recommends constitutional treatment. He rather opposes Hebra's scooping-out treatment and the galvanocautery, and believes in the local treatment with the ice-bag, which ought to be daily applied for three hours. The ice-bag is suspended from above so that it covers the lupous surface without pressing upon it. Though tubercle bacilli have a tough life and remain for a long time inert he hopes from his experience in four cases that the bacilli succumb to this energetic treatment, and relapses so far were observed under any treatment.—*D. Med. Wochenschrift*, Oct., 1885.

**AN UNUSUAL SEQUELA OF SCARLATINA.**—Dr. Fischl, of Prague, relates the following interesting case: a girl of eight years passed through a scarlet fever, Novem ber, 1884; during the

stage of desquamation nephritis with albuminuria and œdema. January, 1885, felt well until beginning of May, when she complained of unusual sleepiness, looked and felt poorly, with headache and sacral pains. May 9th, she could not stand and the trunk had to be supported when sitting down. General tremors, articular pains, headache.

Status presens: Sensorium free, pulse accelerated. Lower leg icy cold, otherwise temperature normal. Without support she can not raise herself from a horizontal position nor can she sit down. The lower extremities show not a trace of voluntary motion, and passively raised fall down again. All other motions of head and trunk normal. Patella reflex inhibited, also the cutaneous reflexes of the sole of the feet, abdominal reflex normal. This attack of complete paralysis of both lower extremities lasted about three hours, when they ceased suddenly and perfectly. An examination the following day showed normal reflexes. A similar paralytic attack took place in the morning hours of May 13th. Farado-electric examination revealed: upper extremities, increase of excitability, weak currents cause severe pains; lower extremities, in the course of the tibialis and peroneus strong currents cause no pain, but it is painful in the course of the cruralis. Muscular contractions only take place in the muscles supplied by the cruralis and by direct stimulation. Attack lasts five hours. Toward evening she could raise herself up and tried to walk. The next day well and responds fully to the faradic current. Third attack May 19th for an hour. Fourth, rudimentary only, lasting half an hour, May 22d. During fifth attack, May 29th, she complained only of some weakness in left leg. Henceforth she suffered more from attacks of epilepsy, of which she had six in the afternoons of several days. During these paroxysms of sleepiness the muscles of the face and eye-lids twitched and she liked to stretch herself. She always waked up by herself, complained of tiredness for an hour or so, then felt well. She was sent in the country where she fully recovered. It is certain that there was no malaria in this case.—*Prague Med. Wochenschrift*, 42, 1885.



THE  
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery, and  
Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

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*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE HFRING.

The New York Homœopathic Medical College has closed its session with a graduating class of forty-two. Prof. Allen in his address, at the commencement, voiced the sentiment of the faculty of the college, in saying they would rather graduate such a class of forty-two, with the high grade of excellence to which they had attained, than a class of one hundred and forty-two of inferior ability. It is common enough in all institutions of learning to compliment the current class, and it is but just to allow something for the enthusiasm of

the hour. The relief which comes alike to the professor and the student when the final examinations are concluded, casts a roseate hue over every thing, makes every body feel good-natured, and hope and expectation reigns supreme. But after all due allowance has been made to the genial influences which surround commencement time, and which obscure, even to the cautious and truth-loving dean, the drawbacks and unpleasantnesses of the college term, we think that the friends of the college are fully warranted in being pleased with the recent addition to the roster of the Alumni. In the first place a very large percentage of the present class had already completed a classical course before beginning medical studies. It was rare to find, even a score years ago, more than one or two men in a graduating class in a medical school, who had appreciated the great advantage which a classical education affords to a professional man sufficiently to have acquired an A. B. before seeking an M. D. And it is one of the hopeful signs of the time in our profession, that it is drawing into its fellowship so large a portion of the better educated. The broadened and extended curriculum of medical studies is also doing much to raise the personnel of the junior practitioners, by crowding out the lazy and the incompetent. It takes a man of some considerable staying power to pass successfully through the three years' drill to which these young gentlemen have been subjected ; a drill of which the elder country practitioner has no realizing sense, but which taxes both the physical and mental stamina of the young collegian. What, then, with a growing percentage of liberally educated young men knocking at the doors of our medical colleges, and a constant widening of scope in medical studies, the out-

look for the profession, as far as ability and acumen are concerned, is bright and encouraging.

What the college needs now is *money*. It has a splendid faculty, and with increased clinical facilities it would draw to its benches a class of men who would honor homœopathy. Who will be Joshua to lead the college into the promised land of financial prosperity?

\* \* \*

The desirability of an authoritative pharmacopœia for the preparation of homœopathic medicaments in the United States is acknowledged; but nothing has yet been done to secure that result. It is a lasting reproach to American Homœopaths that this is so, as well as a great detriment to the cause of homœopathy in this country. It is to be hoped that the American Institute of Homœopathy at its approaching session at Saratoga will give this matter serious attention. About fifteen years ago, the Institute appointed a committee to compile a pharmacopœia, with Dr. Carroll Dunham as chairman. Much work was done toward gathering the materials for such a publication, but the untimely death of Dr. Dunham put a quietus on the whole matter. Since then, two works of similar import have been issued as the private ventures of individual publishers; viz, the *American Homœopathic Pharmacopœia* and the *American Homœopathic Dispensatory*, both of them good works, but neither of them fulfilling all the conditions necessary to a national standard such as is desired. The trouble with these two works is this, they do not agree in the instructions as to pharmaceutical manipulations. The American Homœopathic Pharmacopœia recommends the use of fresh plants in making tinctures, while in many of the same drugs the American Homœopathic

Dispensatory permits the use of dry herbs, or roots, as the case may be. To permit such variation in the work of our pharmacists is to insure lack of uniformity in results. In no way can we have a standard guide except through the action of the American Institute, and as all will admit that an authorized Homœopathic Pharmacopœia in the United States is essential to a correct dispensing of homœopathic preparations, it is to be hoped that this year may not close without seeing something practical accomplished in this direction.

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#### LITERATURE.

Leçons de Clinique Médicale, 1877 à 1885, par Le Dr. P. Jousset, Médecin de l'hôpital Saint-Jaques à Paris.

Any work from the pen of such acknowledged authority as Dr. P. Jousset is, deserves our full consideration, and we hope that Dr. Ludlam will be kind enough to turn it into English so that it may become a household work.

What a genial physician Dr. Jousset at home and at the hospital is I had the pleasure to convince myself during my short sojourn in Paris last year, but I found all over Europe and England, France and Germany, that homœopathy does not make that progress, which might be expected from its intrinsic value.

We may learn a great deal of an author from his introduction, and Jousset does not hide his ideas. He is a staunch adherent to the law of similars, but considers homœopathy only the law of therapeutics, as far as drug action is concerned, and other treatment—palliative, surgical, parasiticide, antidotal, thermal, hydropathic, electric, even empiric—must not be neglected. He throws the gauntlet down to the I. H. A., and still acknowledges, that only clinical observation is competent to decide on the value of high potencies. When Jousset says that all the so-called cures rest on errors in diagnosis, he fails to prove the assertion, for we know from personal experience that some

high-potency men are as trustworthy diagnosticians as Dr. P. Jousset is (let us mention only our departed friends, Hering, Dunham, Farrington). It is a pleasure again to agree with the author, when he assaults the present fashionable baccillary craze, and he is in full accord with Vulpian, who said: "To kill a microbe in the blood we must absorb a quantity of salicylate sufficient to kill the patient."

The first four lectures are on rabies, hydrophobia, and close thus: 1. Rabies presents a prodromal state during the first days following the injury. 2. Incessant vomiting of aliments, of bile and of blood, in man as well as in the dog, is a symptom of confirmed rabies. 3. It is not a neurosis characterized by spasms of the muscles of deglutition and respiration; it is a disease profoundly attacking the vegetative life, as shown by the fear, the prostration and the progressive asphyxia, and often death from exhaustion. 4. Cures are reported in man and in dogs, and every means ought to be tried for the relief or cure of those afflicted. 5. Injections of chloral in the veins, or hypodermics of atropine act well as palliatives. Electricity calms the paroxysms of hydrophobia and deserves our careful study. We wonder that Jousset does not mention our lyssia worthy a trial, especially as his own countryman, Pasteur, is crowned with glory by the use of hypodermics of potentized lyssia in this disease.

Four lectures on purpura follow, and Jousset gives us cases, differentiating the benign and the common form from the malignant and anomalous ones. They would make a worthy addition to the editor's latest work, especially the anomalous cases with their paroxysms of abdominal pains and rheumatitis. Among the remedies we miss the ophiidians. Yes! we agree with Jousset—*Que les temps sont changés!* Only we consider it for the worse where he found improvement.

The ninth lecture is devoted to the necessity of prescribing tincture bryonia in some cases of pleurisy. If we look at Observation X (p. 140), we must acknowledge that the treatment was not homœopathic. At first pleurodynia, to which neither bryonia (6), nor salicylate

of sodium (6) was suitable, but which might have yielded to hamamelis bulbosus, which is the simile to such cases, and when pleurisy set in with exudation, tinctura cantharides was certainly not indicated, as long as the thermometer registered 102 and over; the state must be nearly efebile, when the Spanish fly becomes suitable. Jousset gives well the indications for bryonia in pleurisy; the intensity and persistence of the fever with the other well-known symptoms. Experience proved to him, that the tincture answers best, and such a repeated fact allows no dispute.

The tenth lecture treats of lupus and scrofulosis. Jousset believes that a hereditary scrofulosis can never be entirely eradicated; he considers it a mistake of homœopathic physicians, that in hoping to cure the disease they neglect too much the local affection. Again, how times have changed, when we had so much confidence in our autipsories. Hydrastis, aurum and kali permanganatum, are his chief remedies in lupus.

We can pass over his remarks on recurrent typhoid, as they do not differ much from those in the first volume of *Lçons Cliniques*; also the 14th and 15th on the same subject.

The twelfth and thirteenth lectures—a differentiation between gout, rheumatisms chronic and acute—are two of the best lectures in this valuable book, and we refer the reader to the original.

The sixteenth treats of china and quinine in erysipelas malignum. Our materia medica may fail to give us this list, but the quinine eruptions allow us to compare them with erysipelas, and the erysipelogenous symptoms of quinine show that it is homœopathic to the disease.

The seventeenth lecture treats of malignant endocarditis, nearly always fatal, and it gives the author opportunity to break a lance with Prof. See, who considers here also bacteria the cause of the disease.

We pass by the eighteenth (latent pneumonia) and pass to the nineteenth, where he says the clinique has shown that infinitesimal doses of quinine, mercury, iodide of potassium, iron, digitalis, are entirely insufficient to combat with intermittent fever, with syphilis, chlorosis

and a cardiac cachexia, though the same diseases are curable by infinitesimal doses of other drugs, and in many other diseases, the drugs mentioned respond quickly to the infinitesimals. But we reply, not the name of the disease, but the totality of the symptoms is the criterion for the selection of the remedy, and neither the authority of a Hahnemann nor that of a Jousset is of any weight in the selection of a remedy or of its dose. We fully agree with the author that the infusion digitalis is far preferable to the tinctures.

We again pass the nineteenth (chronic endocarditis) and go to the interesting lecture which shows how a mental alienation may be the chief symptom of a typhoid fever, with that characteristic symptom that the patient is perfectly conscious of the delusion, but insists, if not restrained, to act upon it. *Veratrum album*, *stramonium* and *nux vomica* are most often indicated.

As our space is limited, we immediately pass to the twenty-fourth lecture, where he teaches not to fool time away in pernicious fever with small doses, but to suppress it with large doses (20 grains once or twice in 24 hours), and thus save life. Jousset does not consider himself a pure homœopathist.

The twenty-eighth lecture gives us a clinical demonstration of infinitesimal doses. Of course, it is a neuralgia *intermittens larvata* and removed by *nux vomica*, 12th and 30th, cured in a week, where former attacks obstinately refused for months to yield to large doses of quinine. Many more cases are cited to refute the excuse of coincidence (compare 31st lecture).

On the contrary, the thirty-ninth lecture shows that a gentleman suffering from an intermittent fever, was treated for six long months by a pure Hahnemannian without any result, and the consequence was the development of a chronic congestion of the liver. (Alas! that this never, never yet happened under allopathic and specific treatment!!) For thirty years Jousset insisted upon it, that quinine in large doses is our only means to cut short the paroxysm and to cure the disease, and he cites Hughes, Sircar, Vincent as authorities. The obstinacy of the Hahnemann-

ians in employing only infinitesimal doses in paludal fever can not be considered homœopathy, and in our anxiety to be homœopathists, we must not forget to be physicians and honor truth wherever we find it.

The last lecture speaks of therapeutics. To produce it we must have: 1st. A positive knowledge of the properties of the drug. 2d. A thorough knowledge of the pathology of the case. 3d. The relation existing between the two, and this according to the formula of *similia similibus curantur*.

We must close; all we can say, one can learn a great deal from Jousset's clinical lectures, and we hope that Ludlam will find time to translate it. S. L.

A Cyclopædia of Drug Pathogenesisy.

Part III. *Arnica* to *Berberis*.

Page 515 we read: "Under these circumstances, we think it safest to print his results in small type, *as not free from uncertainty*." In the well-written pathogenesis of arsenicum are several provings made with the thirtieth potency printed in small type here, "as not free from uncertainty." Let us see if such accusation is not unfounded. The provings, page 401, with the thirtieth, are by Drs. Buffum and Chapman, two well-known physicians, and we cannot find why their symptoms should not be as fully credited as those of other physicians less known in the medical fraternity, whose symptoms are given in large type. The small printed symptoms of Drs. Crawford and King stand the comparison well with provings made with more material doses; and still the materialists failed to give the characteristic symptom of Crawford: head ached violently, all movement (even turning head) aggravating, and tying handkerchief tightly round it relieving—this symptom does not belong to the uncertainties, for it has been verified by the clinique (King, Kückert). Of great value are the symptoms given at page 409, for they show us symptoms which have appeared and reappeared after a lapse of two years, giving us valuable hints in the treatment of chronic diseases, especially in allowing the drug time to act, for its curative action ought certainly to last as long as its medicinal action in proving the drug. We do not



believe that the editors will ever allow the symptoms of Dr. Berridge, who from high potencies also witnessed symptoms after several years have elapsed, though they may correspond to provings made with lower potencies. It is this very gag which robs this otherwise good work of much of its value, and it would be a praiseworthy undertaking of the International Hahnemann Association when they grant us our request to supplement this low cyclopædia by a high cyclopædia, so that we may have the totality of symptoms.

Otherwise this third part is an improvement on the preceding ones. The editors are now more used to their work, and thus do it (in this sense) more thoroughly. Let us be grateful for what we receive, as in studying the provers' daybooks we get acquainted with the primary and secondary symptoms; or, as some prefer to call it, the direct action of the drug and the reactive power of nature. The materia medica can thus be more intelligently studied and applied. Let us be thankful. Rome was not built in one day. S. L.

Purpura. By G. W. Winterburn, M.D., etc., etc. New York: A. L. Chatterton & Co. 1886. Cloth, \$1.50.

Where on earth friend G. W. finds time enough to write one book after another, to edit a good journal, and for the fun of it, gives us nearly one-third of all the essays in Arndt's third volume, will always remain a mystery to many physicians, who cannot find pleasure in literary work. Just try it, you lazy drones, and you would be astonished how much you profit yourselves by the work done. Just look at this little volume on Purpura, and every page of it shows that it was composed *con amore*, and in differentiating the drugs, especially the ophidians, even old physicians can be instructed. The only objection we have is to the proof-reader, for there are mistakes which might have been obviated. I prefer to have my proof read backward by persons outside the profession. It is the duty of reviewers to criticise; well, you have got it; somebody had to be blamed. S. L.

## CORRESPONDENCE.

*Editor AMERICAN HOMŒOPATHIST:* My attention was called to-day to a "historical reminiscence" relating to the Hahnemann Medical College of San Francisco, in the last number of the *AMERICAN HOMŒOPATHIST*. At the same time a telegram from the registrar of the college was received, requesting me to have you state in the forthcoming number of your journal that an official reply to this "historical reminiscence" would be forwarded to you. I feel confident that your readers will not be able to form a just estimate of the case until then, and in order that this reminiscence may indeed be of value historically, the other side should be heard. And I feel even more confident that every unprejudiced man in possession of *all* the facts will heartily endorse the course pursued by the college. For the present I merely ask your readers to await the reply.

Very sincerely yours,

WM. BOERICKE, M.D.

New York, April 15, 1886.

DIET AND DYSPEPSIA.—One finds that, as in the name of liberty, so in that of common-sense, great sins are sometimes committed. And we can point to no greater recent instance than that of the article of the venerable Professor Austin Flint on the "Dietetic Treatment of Dyspepsia," read before the New York State Medical Association. The article in question has received wide circulation, and, as it appeals alluringly to "common-sense" and the "instincts" as against diet, drugs, and other artificial measures used for indigestion, we do not doubt that the doctrines inculcated will be adopted at once by many. The special points in Dr. Flint's views which invite criticism are that dyspepsia is more or less a mental trouble, and that fixed rules of diet and established modes of life adopted to cure the dyspeptic tend rather to keep up the disease. Says the writer: "Don't diet yourself; don't systematize your meals; distrust your past experiences with foods that disagree; follow your instincts in gratifying your appetite. Learn a lesson from the *gourmet*, and fare sumptuously every

day." Dr. Flint has never seen a dyspeptic cured by dieting. Discussing these recommendations with chronic dyspeptics, we have been uniformly met with the statement that their author had not had and did not know dyspepsia. Probably nothing is more absolutely contradicted by experience than that dieting does not benefit, and does not sometimes cure dyspepsia. There is hardly a practicing physician who has not evidence confirmatory of this. And the young doctor, who in the confidence of authoritative utterance, tells his dyspeptic patient, who is fond of pie, fond of sausage, flap-jacks, late suppers, and prodigious meals generally, that he can indulge his appetite and be guided by his instincts, will soon lose his case and gain wisdom. Physicians will do well, however, to note the excellent advice which Dr. Flint gives, not to prescribe a line of treatment which unnecessarily concentrates the patient's mind upon himself and his stomach.—*Medical Record*.

THE CAUSES OF BRAIN DISEASES. BY LEGRAND DE SAULLE, (PARIS).—Whereas psychosis and neurosis appear to be the products of congenital or acquired neuropathic disposition, a whole series of other cerebral affections, (hæmorrhage, softening, acute or chronic inflammations, tumors), are caused by an alteration in the blood and by disturbances in the cerebral blood-vessels. These vaso-motor disturbances originate where anomalous substances present in the blood or organized micro-organisms irritate by contact the walls of the blood-vessels, gradually passing over into an arteritis, which again becomes the cause of small aneurysmata. Whenever one or more of the latter burst, apoplexy may follow, and encephalomalacia is mostly caused by the closure of the blood-vessels, occasioned by the inflammation.

In circumscribed and diffuse interstitial inflammation the blood-vessels play the same important part, as they are found in a state of chronic inflammation and the obstructions are in the center of the plaques.

It is still difficult to decide whether the same takes place in progressive general paralysis, but it may be supposed

that this disease acknowledge as a cause either a cellular irritation from a hereditary neuropathic disposition, or in persons frequently suffering from congestions to the head. Alcoholic intoxication may be blamed for it.—*Gaz. des Hôp.* 139, 1885.

STING FROM A CROSS ADDER. BY DR. VETH, AUSSEE.—August 29th was a very hot day and a boy of 14 years, meandering in the fields, saw a viper which he tried to catch and was bitten in the index-finger of the right hand. Immediately the first phalanx began to swell, turned green, and to prevent its further extension, some kind neighbor put on a strong compression around the wrist. When the doctor saw him the right hand was considerably swollen, dark-blue, the greenish color of the first joint plainly visible, the finger somewhat painful, pulse not accelerated, no malaise. Nothing could be seen except a small red point where he was stung. The useless bandage, which increased the swelling of the hand, was taken off, and five minutes afterward the boy, who so far was able to walk, felt dizzy, nauseous and vomited his food and then bile. The contractures of the diaphragm increased to a high degree with screaming singultus. Great dyspnœa with and after the vomiting, the thorax remained sometimes for three or four seconds in inspiratory position, the bulbi protruded from their cavities, features pale, skin cool, cold sweat on the forehead, fear of death, pulse intermitting, sometimes slow, then again more rapid, never above ninety. Off and on delirium and terrible pains in the finger. To stop the continual vomiting, a hypodermic of 0.006 morphia was made over the stomach, but was of little benefit. He then received two doses 0.1 cocaine, which stopped the vomiting, and even the pains ceased. The injured hand was put on ice and covered with an ice-bladder. For an hour and a half the patient felt quite comfortable, but refused all food. Toward evening the pains in the hand returned and lymphangioitis set in, which soon extended to the axilla, the whole arm, even the axillary glands, became painful. The inflammation kept on extending to the

shoulder and to the sternum, though the ice treatment was steadily kept up. The swelling of the arm was enormous and flexion in the elbow joint impossible. For three days the finger pained considerably, until the blister filled with yellowish fluid formed, which was ablated with scissors. The skin on the arm and over all infiltrated parts was of yellow and blue color, so that the blue parts formed a net-work in the yellow. After the fifth day the swelling decreased, only the finger remained swollen and stiff for about two weeks. During the whole time there was only some fever (37.8) during the first night and notwithstanding the severity of the inflammation, suppuration did not set in.—*Wien. Med. Wochenschr.* 1, 1886.

#### ITEMS.

Dr. Frank Kraft is the new editor of the *St. Louis Periscope*.

The Ohio State Homœopathic Society will meet at Toledo, May 11th and 12th.

The old Hahnemann Medical College, of Chicago, gave a spring course of great excellence.

The Michigan State Homœopathic Society holds its annual meeting at Kalamazoo on May 18th and 19th.

Dr. D. H. Beckwith has been appointed a member of the board of health of Cleveland and of the state board of health of Ohio.

Vick's Floral Guide makes its annual appearance and is as attractive as ever. Copies sent on application to James Vick, Rochester, N. Y.

The *Journal of Reconstructives*, published quarterly by John Carnrick, New York, is one of the newest ventures in medical journalism. Price 50 cents per year, and well worth the money.

The New York Homœopathic Medical College desires \$250,000 for the erection of suitable buildings for college purposes, and for this wealthy center the sum is not large and should be speedily provided.

Dr. Philip Porter, of Detroit, has succumbed to overwork and has gone to New Orleans to recuperate. We hope he will bring back with him renewed strength and health, as he is too good a man to be spared.

All who love good literature are debtors to Cassell & Co. for their new series of publications. They furnish the masterpieces of standard literature, printed on good paper, in handy volumes of 200 pages, at one dime for each. This series is known as Cassell's National Library, and is edited by Prof. Henry Morley.

The *People's Health Journal*, of Chicago, can be heartily recommended to patients as one of the best hygienic periodicals published. By sending them \$1 and four names of probable subscribers they will send their journal for a trial trip of six months to each.

Part III. of the *Cyclopædia of Drug Pathogenesis*, edited by Drs. Hughes and Dake, and containing the remedies from arnica to berberis, has been received. Part VI. will complete the first volume. The editors will be greatly obliged to members of the profession who will call attention to errors in the parts already issued.

The thirty fourth annual commencement of the New York Ophthalmic Hospital occurred April 13th. The president, Thomas G. Smith, in his address contrasted the gloomy periods of the hospital with its present bright prospects. Professor George S. Norton, president of the faculty, followed with an address. Diplomas were awarded to the following graduates: C. J. F. Ellis, K. B. Bullel, Mary E. Grady, F. W. Best, C. B. Morrell. Certificates in laryngology were also given to John E. Wilson, Edwin J. Pratt and W. W. Herbeiton.

For sale. A complete outfit for a physician. Medical library, well selected and in good order, with desk and book-case combined, one large compound microscope (English), electric battery, electric light, stomach pump, aspirator, atomizer, amputating case (full set), eye, ear and throat cases. Also a large variety of special instruments and a full supply of Homœopathic medicines—all fresh. A detailed list furnished to any one wishing to purchase. Apply at residence of the late Dr. O. R. Kelsey, Waterbury, Conn.

Prof. Dowling's two sons, John and George, graduated from the New York Homœopathic College at the recent commencement. John is a graduate of Columbia College, and had already received the degree of doctor in medicine from the Regents of the New York State University, after qualifying before the state board of examiners. At the commencement exercises he was presented with a valuable microscope, the first faculty prize for the highest standing in all of the branches taught throughout his entire period of study. He also received Prof. Talcot's prize of fifty dollars in cash for the best written report of the Professor's lectures. Both of Prof. Dowling's sons will locate in New York City.

# THE AMERICAN HOMŒOPATHIST.

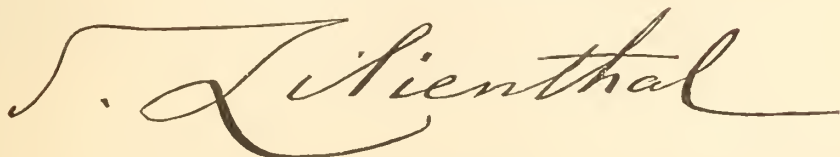
VOL. XII.

NEW YORK, JUNE 1, 1886.

No. 6.

## THE TIMES OF THE REMEDIES.

COMPILED BY DR. IDE, OF STETTIN, TRANSLATED BY PROF.



(Continued from Page 144.)

PERSPIRATION, every other night : Nitr., sep.  
“ day, till noon : Ferr.  
“ for several days, returning at the same hour : Ant. cr.

### DURING DAYTIME.

Increasing from morning till noon, decreasing when the sun goes down :  
Acon., glon., kali ferr. cyan., spig., stram.

Inclination to weep : Caust.

In good humor the first part of the day, timid during the rest : Carb. v.

Photophobia : Acon., ant. cr., bell., bry., camph., con., euphr., *graph.*, *hell.*, hep.,  
ignat., merc., natr. c., nux v., phosph. acid., phosph., psorin, sep., silic.

Sensation of coldness in the teeth : Diad.

Thirst : Ledum.

Colic, periodical : Arn., diad., *natr. m.*

Diarrhœa, only in day-time : Ammon. mur., canth., cim., glon., gutt., hep.,  
magn. c., natr. s., nitr., petrol., scill.

Incontinentia alvi diurna : Hyosc.

Involuntary micturition : Fluor. acid.

Tenesmus urinæ diurna, depending on an irritation of the trigonum vesicale :  
Ferr., phosph.

Erections : Anacard.

Pollutions : Canth.

Fluor albus ; only in daytime : Alum., plat., sep.

Menses flow only in daytime : Caust., puls.

Coryza, moist in daytime, dry in evening : Calc. c., *euph.*, nicc., nux v.

Coryza, dry : Caust.

Nose, moist in daytime, obstructed at night : Calc. c., phelland.

Sneezing : Gutti.

Cough : Ammon. c., arg., brom., *calc. c.*, chin., cic., euph., ferr., hep., lach.,  
laur., nitr., nitr. acid., phosph., stann., *staph.*

Cough during daytime, ceasing after going to bed : Thuja.

Cough, loose in daytime, dry at night : Euphr.

Swelling of feet, decreasing at night : Digit.

Pains in legs : Phosph.

Itching of skin when overheated : Ignat., lycop.

Sleepiness : Acon., æth., agar., *anacard.*, aur., berb., brom., bryo., *calc. c.*, *carb. v.*,  
*chin. s.*, con., croc., crotal., euphorb., euphr., ferr. acet., *graph.*, *gutti.*,  
kal., lact. s., lyc., magn. c., magn. m., mar., meph., mez., mur. acid.,  
*natr. c.*, *natr. m.*, *nitr. acid.*, nitr., petr., phosph. acid., rhod., rhus.,  
sabad., sep., silic., *staph.*, stram., *sul.*, tarax., tart. emet.



Stretching one's self the whole day : Guaj., mang. acet.  
 Sleep the whole day : Bryo., carb. an.  
 Heavy sleep : Phosph.  
 Intermittent fever : several times a day : Sep.  
 Chill in daytime, fever at night : Alum.  
 Horripilations in daytime : Kal. c.  
 Febrile horripilations the whole day : Ammon. m., card., natr. c.  
 Heat only in daytime : Sep., tart. emet.  
 Perspiration in daytime : Agar., ambr., anac., bell., bryo., *calc. c.*, *carb. an.*,  
*chin.*, *dulc.*, *ferr.*, *graph.*, guaj., hep., kal. c., lach., laur., led., *lyc.*, *natr. c.*,  
*natr. m.*, nitr. acid., phosph. acid., puls., *rheum.*, *selen.*, *sep.*, silic., *staph.*,  
*stram.*, *sul.*, sul. acid., tart. emet., veratr., zinc.

## DAY AND NIGHT.

Sadness : Caust.  
 Headache : Rhus., viol. tric.  
 Toothache : Ambra.  
 Burning pains in buccal cavity : Sul.  
 Thirst : Merc. s.  
 Dryness of throat : Phosph.  
 Diarrhœa : Kal. c., merc. sul., silic., sul., tarant.  
 Involuntary micturition : Caust.  
 Constant desire to urinate : Cact., *carb. v.*, cast., kal. c., kal. iod., magn. mur.,  
 merc., natr. c., natr. mur., sass.  
 Pollutions : Alum., ant. cr., coff., corall. v.  
 Cough : Bell., bism., cupr., *dulc.*, euphr., ignat., *lyc.*, natr. m., nitr. acid., *sep.*,  
*spong.*, stann., sul.  
 Fits of coughing every two hours, day and night, worse at night : Meph.  
 Cough, with expectoration : *Dulc.*  
 Cough, without expectoration : Acon., ars., bell., brom., kreos., laur., mosch.,  
*stram.*, verb.  
 Cough in daytime with, at night without expectoration : Acon., anac., *ars.*,  
 bry., *calc.*, carb. an., caust., cham., chin., con., *graph.*, *hepar*, hyosc.,  
 kal. c., lach., *lyc.*, magn. c., magn. m., merc., nitr. acid., nux v., phosph.,  
*puls.*, sabad., samb., silic., stront., sul., veratr., zinc.  
 Cough in daytime without, at night with expectoration : Caust., hep., rhod.,  
*sep.*, *staph.*  
 Spasmodic cough : Sul.  
 Titillating cough : Natr. m.  
 Pains in arm : Borax.  
 Coma : Baryt. c.  
 Nocturnal fever, chills in daytime : Alum.  
 Chills day and night, shivering day and night : Sass.  
 Heat day and night : Baryt. m.

## MORNINGS.

Ailments arise in the morning : Ammon. c., *bry.*, *calc. c.*, coloc., *con.*, guaj.,  
 ignat., junc., ran. b., *thuja.*  
 Aggravation : Acon., agar., ambr., ammon. c., *ammon. m.*, anacard., ant. cr.,  
 apis, arn., aur., baryt. c., bell., bov., bry., buf., cadm., *calc. c.*, carb. an.,  
 carb. v., caust., chelid., chin., cin., cist., clemat., coff., con., croc.,  
 croton, cupr., daphn., digit., dros., *dulc.*, euphorb., euphr., ferr.,  
*graph.*, *guaj.*, hell., hep., ignat., kal. c., kreos., lach., magn. m., meph.,  
 mez., natr. c., *natr. m.*, natr. s., nitr. acid., nitr., nux v., op., petr.,  
*phosph.*, phosph. acid., pod., ran. b., rheum., rhod., rhus, sabina, sang.,  
*scilla*, sep., stann., *staph.*, *stram.*, sul., sul. acid., tarax., tart. emet.,  
*thuja.*, *valeriana*, veratr., viola. odor.

Amelioration : Zinc.

Worse in bed : Hep., phosph.

Feels good in bed, but feels unwell after rising and attending to business : Iodum.

Worse when getting out of bed : Acon., apis., bell., *bry.*, calc. c., caps., *carb. v.*, cham., cin., cocc., con., graph., guaj., hep., *ignat.*, kal. bichr., lach., lyc., natr. m., nux v., oleander, phosph., phosph. acid., rhod., rhus., sabina, *samb.*, selen., silic., spig., staph., thuja, valer., veratr.

Better when rising from bed : Ars., aur., caps., *dulc.*, ferr., *ignat.*, kal. c., led., lyc., plat., *puls.*, rhus., *samb.*, sep., veratr.

Worse after getting out of bed : Ammon. m., calc. c., carb. v., cham., graph., guaj., hell., *ignat.*, iod., kal. bichr., *lach.*, natr. m., nux v., oleand., phosph., puls., ran. b., *rhus.*, spig., staph., sul., veratr.

Better after getting out of bed : Ambra, ammon. c., arg., ars., aur., bell., bov., carb. an., coloc., dros., euphr., ferr., *ignat.*, iod., kal. c., led., lyc., magn. c., merc., nux v., phosph., plat., puls., rhod., rhus., selen., *sep.*, spig., stront., sul., tart. emet., veratr.

Worse after sunrise : Cham., nux v.

Ailments increasing from morning till noon and decreasing afterwards : Acon., glon., kal. ferr. cyan., spig., stram.

Weakness and flabbiness when awaking : Ambra, ant. cr., bry., chel., con., cact., lyc., nux v., phosph., sep., zinc.

Sensation of dullness and heaviness when awaking : Zinc.

“ “ heaviness in bed : Kal. c., phosph., zinc.

“ “ “ when rising : Natr. c.

Bruised sensation all over : Anac., aur., baryt. c., carb. v., croton, lach., magn. c., mosch., natr. c., *natr. m.*, *nux v.*, phosph. acid., rhus., sul., viola odor., zinc.

General painfulness in the morning, better after rising : Silic.

Syncope : Carb. v., kreos., natr. m., nux v., sep.

Syncope when getting up too early : Kreos.

Syncope in the morning after eating : Nux v.

Weakness in the morning : Arg., aur., magn. c., magn. m., phosph. acid., phosph.

Weakness every morning : Kal. c.

Sensation of exhaustion : Ammon. c., arg. nitr.

Mental and bodily atony : Lach., nitr., phosph., stront., valer.

Laziness : Coloc., natr. c., *phosph.*, plat., ran. sc., scilla, zinc.

Hebetude : relaxation : Ammon. c., ambra, baryt. c., bry., calc. c., carb. an., carb. v., chel., coloc., con., croc., digit., gran., hyper., kal. c., lach., lyc., *merc. peren.*, *natr. c.*, *natr. m.*, natr. s., *nitr. acid.*, nitr., *nux v.*, *petrol.*, phosph., puls., sep., silic., staph., stront., zinc.

Hebetude passing off after rising : Kal. c., phosph.

Malaise : Puls.

Malaise after rising : Ignat.

Tremor : Phosph., silic., staph., sul.

Gait uncertain : Rhus.

Anguish : Alum., anac., ars., carb. v., caust., chin., con., *graph.*, *ignat.*, ipec., lyc., magn. c., magn. s., nitr. acid., nux v., plat., puls., rhus., sep., sul., veratr.

Easily frightened : Calc. c.

Fretfulness : Chlor., gutti., hep., *magn. m.*, sep., staph., sul. acid.

Is easily angered : Graph.

Irritability : Arg. nitr., calc. c., graph.

Ostinacy, oversensitiveness : Ammon. c.

Good humor in the morning : Fluor. acid., graph.

Sadness, indifference and disgust to everything, especially in the morning and till 3 p. m. Later in the afternoon good humor returns : Tarant.

- Of heavy heart : Agar., alum., bell., bism., calc. c., carb. an., cham., graph., iod., magn. m., merc., phosph., sul. acid., veratr.
- Nostalgia, especially in the morning : Carb. an.
- Disgust of life : Natr. c.
- Loss of courage : Kal. c.
- Does not like to talk in the morning : Sabina.
- Does not recollect, and is too sleepy when rising : Rhod.
- Dazed : Clem., magn. m., phosph., *rhod.*, ruta, thuja, zinc.
- Forgetfulness : Phosph., stann.
- Rapid flow of ideas in the morning : Fluor. acid.
- Vertigo : Agar., alum., ammon. c., bell., bov., calc. c., carb. an., cham., graph., iod., hipp., kal. c., *lach.*, lact., lyc., magn. m., magn. s., nicc., nitr. acid., nux v., ol. an., *phosph.*, phosph. acid., puls., rhus, scill., sep., *silic.*, *sul.*, tellur., veratr., zinc.
- Vertigo in bed : Con., graph., *lach.*
- Congestions to the head in bed : Lyc.
- Heaviness of head : Agar., ammon. m., berb., clem., con., crocus, nicc., *nitr.*, nux v., petrol., sep.
- Dullness of head, as after intoxication : Ambr., *ignat.*, *lact. v.*, laur., merc. s., merc. peren., staph.
- Heat of the head in bed : Baryt. c., berb., lyc., sep., sul.
- Headache : Agar., ambr., ammon. c., ammon. m., anac., ars., aur., benz. acid., berb., bov., bry., cadm., calc. c., calc. phosph., carb. an., caust., cham., cin., clem., coloc., con., croton, crocus, euphorb., ferr., *fluor. acid.*, graph., *hep.*, ignat., jatropha., kal. bichr., kal. c., kalm., kobalt., lach., lith., lyc., magn. c., magn. m., murex., natr. c., *natr. m.*, nitr. acid., nitr., nux m., *nux v.*, pallad., petrol., *phosph.*, *phosph. acid.*, phyt., pod., psor., rheum., ruta, sang., scilla., sep., silic., spig., stann., staph., *sul.*, *thuja*, zinc.
- Headache mornings when waking up : Alum.
- Headache every other morning : Eupat.
- Headache 5 o'clock A. M., morning : Kal. iod.
- Headache tearing in the morning and ceasing at noon : Phosph.
- Eyes, glueing together : Caust., chel., digit., graph., ignat., kal. bichr., *kal. c.*, magn. c., magn. m., mang., millef., nicc., nitr., nux v., phosph., psor., sass.
- Eyes, redness of : Rhus., sep., spig.
- Eyes, burning in : Ammon. c., graph., magn. s., nicc., *nitr. acid.*, *nitr.*, phell., rat., rhod., sass., seneg., sep., stront., zinc.
- Spasmodic contraction of the eyelids : Calc. c., spong., sul.
- Difficulty in opening the lids : Ambr., nicc., nitr. acid.
- Photophobia : Ammon. c., ammon. m., ant. cr., natr. s., nitr. ac., nux v., silic.
- Glassy eyes : Sep.
- Weak eyes : Phosph.
- Dullness of sight : Phosph.
- Dimness of sight : Caps., cham., *chel.*, natr. m., puls
- Dimness before the eyes every morning : Stram.
- Pains in eyes : Acon., ammon. c., berb., bry., magn. s., meph., natr. s., nitr., nux v., par., phell., sep., silic., sul. acid.
- Earache in the morning in bed : Nux v.
- Epistaxis : Agar., ambr., ammon. c., ant. cr., bell., bov., bry., calc. c., canth., caps., carb. v., croc., hep., hipp., hyosc., kal. c., kreos., lach., *magn. c.*, merc., *nitr. acid.*, *nux v.*, puls., rhus, sabin.

# A CASE OF FATTY DEGENERATION OF THE HEART—WITH AUTOPSY.

CLINICAL LECTURE

BY

PROF. J. W. DOWLING.

New York.

GENTLEMEN—In reply to the question, what ails you? this man tells us he is suffering terribly from shortness of breath, and that his feet and legs are swollen. He says he is out of breath on the slightest exertion; that he has but little cough; is very weak; has no desire for food; and that he thinks if he could get rid of the shortness of breath and the weakness he would be all right. Very likely, for if these symptoms should subside, the cause, whatever it may be, of all his difficulties, would subside also.

We will now proceed with the examination of his case, and see if we can learn why he is short of breath, why he is so weak, why he has no desire for food, and why his feet and legs are swollen. He says he is fifty years of age, by occupation a shoe maker; that, although he has coughed a good deal winters, he has never had a serious fit of illness in his life, till the present one; that he has worked steadily at his trade since he became a man; scarcely losing a day, that aside from that associated with his occupation, he has taken but little exercise. You see, gentlemen, he is a German. We will ask him about lager, and the character of his food. He says he has drank larger beer all his life, averaging ten or fifteen glasses a day; that his food has been largely vegetable; that a few months ago he began to lose strength and breathing power; that a month ago his feet commenced swelling; that of late the swelling has extended up his legs; and that he is unable to lie down in bed, on account of his breathing, which becomes very difficult in the recumbent posture. The quantity of urine he says is not so large as formerly and it becomes very thick on standing, and is brownish in color. His bowels are constipated. Now this is the history of case so far as he is able to give it. What can we learn by physical examination? You will see he is about five feet five inches

in height and weighs fully two hundred pounds, far too much for a man of the stature. His skin is blanched and his feet and legs are swollen. Upon removing my fingers after pressure, you will notice an imprint is left, and that some time elapses before it disappears. This is conclusive evidence that the swelling is owing to the escape of fluid through the walls of the vessels into the surrounding cellular tissue. If this swelling arose from the distension of the blood vessels alone the elasticity of the tissue would not be lost. You will notice the respirations are superficial and frequent. On requesting him to take a deep inspiration the movements of the ribs are scarcely perceptible: they seem to be fixed in the inspiratory position. The chest parietes are thick and the abdomen prominent, owing to an excessive growth of fat. The impulse of the heart is not visible to inspection, and it can not be felt on palpation. The pulse can scarcely be felt at the wrist; a feeble fluttering can be distinguished, but it is impossible to count the beats. Our suspicions are being aroused as to the nature of his malady, and these lead us to examine the cornea, for in certain diseases a degeneration of the upper border of the cornea is a frequent accompaniment, and if it exists, a valuable confirmatory aid to diagnosis. Here is a well marked *arcus senilis*—not white from calcareous deposit or metamorphosis, the form so commonly found in hale, hearty, gouty old men who have big hearts and atheromatous blood vessels, and who are liable at any time from over exertion—mental, or physical—to be smitten with apoplexy from the rupture of a cerebral blood vessel—not an *arcus* of a grayish tinge—arising from fatty degeneration of the upper border of the cornea. You will also notice the tortuous and elongated condition of the temporal arteries. What can we learn by percussion? Over the upper portion of the thorax we have pulmonary resonance, but not pitched in character. As we descend, the percussion sounds become dull, and over the extreme lower portion of the thorax posteriorly there is positive flatness.

It is difficult to outline the heart, for



there is evident dilatation of the lungs, and their borders encroach upon the area of heart dullness. Carrying the percussion downwards over the abdomen we notice an increase in the area of hepatic dullness and the liver is depressed. The spleen dullness is normal as to area, but the organ is evidently forced down from its just position. Below these organs we have the usual tympanitic resonance till we reach a point a few inches below the umbilicus. Here commences an area of flatness which is not owing to distension of the bladder, for it is continuous into both iliac regions; is fluctuating; and by placing the palm of the hand on one side, and gently tapping on the opposite side a wave is communicated which is distinctly seen and felt. These are all the evidences we want of an accumulation of fluid in the peritoneal cavity.

Auscultation shows remarkably feeble breathing sounds in the upper portion of the lungs, with prolonged expiration. As we descend, particularly posteriorly, we hear crepitant and sub-crepitant râles, and finally, when we reach the area of flatness, noticed while percussing the chest, all breathing sounds are lost, and there is an absence of vocal resonance. Auscultation of the heart shows feeble and irregular sounds. These are very indistinct, in fact, scarcely perceptible, and the flapping of the valve segments is all that is heard; the muscular element of the first sound is lost. No cardiac murmurs are heard, but this is no evidence that they may not have existed in the past. The action of the heart is so feeble that the blood current is hardly strong enough to produce a murmur, even if there be serious valvular trouble. The dilated lungs so cover the heart that it is impossible for us to accurately outline the organ. Consequently it is impossible to determine whether there be valvular lesions or no. The apex is further to the left than is normal, and instead of being in the fifth interspace, is in the sixth. How have we arrived at this conclusion? Not by inspection, for we can not see the apical impulse; nor by palpation, for we can not feel it, but by auscultation. At this point, in the sixth intercostal space, a little to the left of the nipple line, we hear the first

sound of the heart with the greatest distinctness, and where the first sound is most audible, is always where the apex is located. Now, what does this misplacement of the apex to the left and its depression, at least three quarters of an inch, indicate? That there is dilatation with probable hypertrophy of the left ventricle. The depression, however, may be partially owing to dilatation of the lung.

From the history of the case, the symptoms and physical signs, the diagnosis is almost certain. Let us recapitulate. For thirty years the man has led a sedentary life. During the whole of that time he has been a free drinker of lager beer, and his diet has been largely vegetables. There has been a winter cough for years; this bronchial catarrh has produced a pulmonary vesicular emphysema, which accounts for the dilated condition of the lungs. The liver is enlarged; this will be accounted for by his habits of life, and by the emphysematous condition of the lungs; for this latter condition always acts as an obstruction to the blood-current in the lungs, and necessarily interferes with the proper emptying of the right heart, and the result is, of course, venous engorgement of the abdominal viscera, the liver with the other organs.

The tortuous temporal arteries are indicative of a violently acting left heart in the past, and also of atheroma of the arterial walls throughout the body. The dullness and flatness over the lung area with the feeble breathing sounds, the crepitant and sub-crepitant râles, and the total absence of breathing sounds and vocal resonance in the posterior lower portion of the thorax, are evidences of pulmonary engorgement and œdema, with hydrothorax. The abdominal signs show the presence of fluid in the peritoneal cavity. The feeble action of the heart, with the peculiar flapping valvular sounds, and the remarkably feeble pulse point to degenerative changes in the heart walls. The fatty degeneration of the upper border of the cornea, is also an indication that the same changes are going on in the heart. The unusual deposit of fat in various portions of the body leads us to believe that there is the same unusual deposit of fat in the heart

and between its muscular fibers. You must distinguish, however, between fatty heart and fatty degeneration of the muscular fibers of its walls. The diagnosis which I shall unhesitatingly make in this case, is fatty degeneration of the heart, with eccentric hypertrophy. As was before stated, it is impossible in his present condition to determine the existence or non-existence of valvular derangement. The prognosis is bad. I doubt if any thing can be done to arrest the progress of the disease.

\*At the clinic, held two weeks ago, at Ward's Island Hospital, you will remember I brought before you, a patient suffering from great dyspnœa, on exertion, general debility and dropsy. After a careful examination, a diagnosis of fatty degeneration of the heart was given, and it was also stated that there was eccentric hypertrophy. No murmur was audible at the time of my examination, and owing to the weakened heart's action, it was impossible to say whether there was valvular derangement or no. After the class had been dismissed, I was informed by the members of the house-staff, who had examined him, that a systolic murmur had been heard at the apex, a few days prior to the date of the clinic. None of them were able, however, to discover it at that time. Three days ago, after a remarkably slow death process, the patient breathed his last, and the following day an autopsy was held. The lungs were œdematous, and fluid was found in large quantities in the serous cavities of the thorax and abdomen. The heart, I have with me, and as it was the organ which we diagnosed in its diseased state as giving rise to all of his trouble, it will be interesting for you to examine it, for the examination will confirm the diagnosis given. The condition of the heart walls was so apparent that I hardly considered it necessary to make a microscopical examination, but still I have made one, and find a condition of diffuse, fatty degeneration and fatty infiltration. I have also submitted the specimen to Prof. White, and will read what he says in reference to it: "The

normal fat tissue beneath the pericardium is increased in quantity. The muscular walls are flaccid, somewhat flabby, and cut with the grating sensation, peculiar to fatty degenerated tissue. Under the microscope, the muscle tissue presents the characteristics of fatty infiltration and diffuse (or general) fatty degeneration. The aorta showed the effect of a simple fatty degeneration of its intima. The aortic valves presented evidence of an old endo-carditis in the slight thickening of the cusps, with adhesion of the middle and right to each other; quite large fatty degenerated patches in the aorta, just above the valve, with calcareous plates, particularly around the openings of the coronary arteries, a condition of general hypertrophy of the heart walls with dilatation of the cavities; the mitral valve thickened, from granulations, giving origin to partial stenosis and valvular insufficiency; the condition undoubtedly resulting from some old endo-carditis. There was no evidence of disease of the valves of the right side of the heart. Among the chordæ-tendinæ of the tricuspid were ante-mortem clots, as also in the auricular appendix of the right auricle."

You will see, gentlemen, that our diagnosis has been fully confirmed by the post-mortem examination, and the cause of the systolic murmur heard is found in the diseased condition of the valves. I want to call your attention particularly to these ante-mortem clots. These thrombi, which are so frequently found in the right side of the heart post-mortem, when the death process has been slow. Do not imagine that these clots, when you find them, are the cause of death. They are merely the result of the whipping up of the blood in the imperfectly emptied cavities during the protracted death struggle, and are no evidence whatever of heart disease. I want to impress this upon you, for only recently in a patient, who I had visited out of town, who showed all the evidences of septicæmia, resulting from an aggravated form of endo-metritis, and who gradually died from blood poisoning, an autopsy was made, and clots were found in the right side of the heart. In the letter informing me of the death,

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\* Lecture before the class, N. Y. Hom. Med. College, two weeks later.

and autopsy, the cause of death was stated to be "embolism of the heart." An error was made, even in the description of the condition, for it was not embolism, but thrombosis.

Now, gentlemen, the most instructive, the most interesting point in connection with this case, is not the diagnosis, not the post-mortem, but the actual cause of the disease, which gives us an opportunity to examine this heart in the lecture-room to-day. Why did this man have fatty degeneration of the heart, valvular disease, and atheroma of the walls of the arteries.

From what we can learn, he started out in life with a healthy constitution. He says he has never had a serious fit of illness in his life, but acknowledges to a cough—a winter cough—undoubtedly a chronic bronchitis. You will remember while we were examining this patient, we found no percussion, the borders of the lungs over-lapping the heart; we found the liver and spleen forced downwards from their normal position by the dilated lungs. Now this dilated condition of the lungs, this pulmonary vesicular emphysema, was undoubtedly owing to the chronic cough. This condition in itself would hamper the action of the right heart, and would produce dilatation of the right ventricle, with subsequent hypertrophy of its walls, if the nutrition were good. You know how this is brought about. In pulmonary emphysema, there is obstruction to the circulation of blood through the lungs, owing to the distended state of the air vesicles, and to the obliteration of many of the pulmonary capillaries when the septa have been destroyed. This state of the lungs was probably one of the factors in causing fatty degeneration of the muscular tissue of the heart, and fatty degeneration elsewhere, for it would interfere with the proper aeration of the blood, and produce malnutrition of all parts of the body. But from the history of his case we learn of other factors far more potent. For thirty years he had, during the working hours of the day, sat at his shoemaker's bench, in a constrained position, working only the muscles of his arm and hands; he took no exercise aside from this; his earnings were probably spent

in lager beer saloons, for he claimed to having drank from ten to fifteen glasses of lager beer a day. His diet was largely vegetable through life. The sedentary habits and the vegetable diet would account for the fatty state of the body, but not for the fatty degeneration of the heart; the excessive and long-continued use of the lager, would however, combined with the sedentary habits and vegetable diet. Undoubtedly owing to his mode of life a lithæmic state of the blood was developed, a condition in which for years there was an excess of waste material in the blood. This gradually produced an atheromatous condition of the walls of the arterioles throughout the body. The blood current was obstructed. The left heart, to compensate, became enlarged, the aorta and coronary arteries became involved in this atheromatous process. You can see and feel these calcareous plates at the mouths of the coronary arteries—the nutrition of the heart was interfered with and the degenerative process was the result. This process will take place in any muscle or tissue which is not properly supplied with nutriment. We have not as yet accounted for the valvular disease. Now this man claims never to have had rheumatism or any of the acute diseases which are ordinarily complicated by acute endo-carditis. Can this condition of the valves be accounted for on any other theory than as the result of acute inflammation of the lining membrane of the heart? I think it can. In attempting to account for this valvular deformity on other theories you must carry in your minds the anatomy of the left side of the heart, and of the systemic arterial vessels, and the physics of the circulation of the blood through those vessels. When the left ventricle contracts, the mitral valve closes and acts as a dam at the auriculo-ventricular orifice, preventing the regurgitation of blood into the auricle. The pressure against this valve during the systole of the ventricle is equal to the resistance of the walls of all of these arteries and arterioles as they are distended by the emptying of the contents of the ventricle into the aorta. In health, notwithstanding the apparently delicate nature of these valve segments, they are sufficiently strong to withstand



this great pressure without injury to their texture. When the left ventricle relaxes, after sending its contents into the aorta, the semi-lunar valve at the aortic orifice immediately closes, and its segments act as a dam, which prevents regurgitation into the ventricle. This valve sustains the blood pressure during the recoil, and although its requirements are great, they are not equal to those of the mitral valve.

Now this man's habits of life are conclusive evidence that he has been a lithæmic subject for years. If lithæmia continues for a length of time, the effect is always to produce changes in the walls of the arterioles by which their caliber is narrowed. To compensate for this obstruction to the blood current the walls of the left ventricle become hypertrophied. Consequently the mitral valve now not only has to sustain additional pressure from the narrowing of the arterioles, but from the increase in the thickness of the walls of the ventricle. This is more than nature intended, consequently an irritation is set up which ripens into a chronic inflammation with fibrous tissue development. When fully formed this fibrous tissue contracts, as is the law with all cicatricial tissue, and deformity of the valve results.

An additional element in the production of this chronic inflammation would be the passage over the valves of the blood highly charged with waste material, lithic acid and other toxic substances. There is no doubt but the deformity in these valves is the result of chronic valvulitis, produced by the causes I have given. It is the exception to find perfectly normal heart valves in subjects who have died after a life of indulgence in any of the various forms of alcoholic beverages.

#### CALENDULA OFFICINALIS AS A SURGICAL DRESSING.

BY

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Philadelphia.

(Read before the Pennsylvania Hom. Med. Soc.)

I HAVE been led to the preparation of the following notes on calendula, by certain private criticisms on the part of a number of members of the Society at

the last meeting in Pittsburg, regarding the apparent neglect of this drug by homœopathic operators in the dressing of wounds. It was claimed by them that it had, without cause, been supplanted, in our hands, by the now fashionable so-called germicides.

That calendula off. has decided healing properties, none can doubt, who have ever made a trial of it. Its comparative value as a dressing can, however, only be determined by a more careful study of its action, than has heretofore been given it by those who have used it, even extensively. It is with this end in view that the accompanying, still incomplete, experiments have been made.

The origin of calendula's popularity, as a surgical dressing, among homœopaths, would appear to lie in an article published in the *British Journal of Homœopathy*, vol. v., No. 21, 1847, this being a translation of a paper by Dr. Thorer, of Görlitz, in the *N. Archiv.*, III. Band., I. Heft.

The writer of this paper reports seven cases of lacerated and contused wounds, most of which ran a very favorable course under a dressing of calendula.

This writer claims equally good results from a diluted alcoholic tincture, and a watery preparation, or so-called *agua calendulæ*. Among writers of more recent date, the dressing is most praised by Helmuth and Franklin, in their respective text-books, more particularly by the former, who states that he has used it side by side with carbolic acid, and has found the results in a large portion of cases favorable to calendula.

This statement he corroborates in remarks made at the meeting of the American Institute of Homœopathy in 1884, and further, in a private communication to me during the past summer, in which he says: "I have never lost confidence in calendula. I use it daily, and am particular what kind I get. That procured at the regular stores (old school) is often poisonous, and in more than one instance has ruined an operation." Nor is the use and praise of calendula confined to the members of the homœopathic school. I find highly laudatory articles on "calendula as a vulnerary" in the *Therapeutic Gazette* and the *Medical and Surgical Reporter*.



Piffard, in his *Therapeutics of Skin Diseases*, says he has, for many years, used calendula as a dressing for fresh wounds, and in reply to a recent note of inquiry from me, he indicates his decided preference for it as a first dressing after operations.

The most desirable elements to be sought for in any substances adaptable to wound dressing, would appear to be :

1. Power to prevent, or at least, retard, putrefactive changes.
2. Little or no poisonous properties.
3. Absence of irritative action on the wound.
4. Absence of disagreeable odor.

That calendula possesses the last three requisites, no special investigations are required to demonstrate ; but as to its power of preventing or retarding putrefactive changes, we have, so far as I know, no positive evidence.

The question, then, most important to have decided, is, does calendula, and to what extent, possess the power of preventing or retarding putrefaction ? and, in the light of our modern investigations, does the drug find its healing qualities in any germicidal or antiseptic properties ?

In the following experiments, the preparations used were, first, the ordinary tincture, as made by Boericke & Tafel, and secondly, a tincture containing but 10 per cent. of alcohol.

With regard to the so-called *aqua calendulae*, the preparation of which is given by Thorer in the article by him already mentioned, it seems hardly worth while to say anything further, as the specimens made for me by Mr. Tafel, both from the fresh and dried plants, underwent decomposition inside of 48 hours, although tightly corked and kept in a cool place. In this preparation from the fresh plant, I found infusoria within 12 hours after receiving it from the pharmacists.

Test I. Three 2 oz. jars were filled with fresh urine. To the first, a drachm of calendula was added ; to the second, a drachm of the bichloride of mercury—1-1000—and to the third, nothing. The latter showed signs of decomposition in less than 24 hours, the second in *three days*, and the first in 48 hours. This was repeated several times, with about the same result.

II. A piece of raw beef the size of my thumb, was placed in three ounces of plain water and tightly corked. It became putrid in 20 hours. A similar piece of meat in a solution of 1 part calendula to 4 of water, was offensive in 48 hours.

The above repeated, using Bichloride of Mercury—1-1000 drachms—showed the meat sweet at end of five days.

III. A small piece of raw meat wrapped in plain cotton, was found decomposed in 20 hours. A similar piece, washed in HgCl<sub>2</sub> 1-1000, and wrapped in dry bichloride cotton, was sweet at the end of 4th day. A similar piece washed in calendula 1-10, and enclosed in dry calendulated cotton, was sweet at end of 4th day. This was repeated several times with the same results.

A few days ago, at my request, Dr. Ingersoll, of this city, kindly made a necessarily hurried investigation as to its influence on micro-organisms, the result of which I give in his own words :

"I took six tubes (devitalized), filled with pure veal tea, and introduced some of the pus you sent me. Found them all swarming with long chains of micrococci and masses of bacilli, evidently about the pus-cells.

"Then took six tubes, filled half and half with calendula and veal tea, and introduced pus as before. Found few (comparatively) chains of two or three or four beads of micrococci, and the amount of bacilli about the pus-cells and in them was much less.

"Took six tubes filled with 25 per cent. calendula in veal tea, and could find little difference between these and the 50 per cent. tubes.

"The veal tea, boiled for nearly 20 hours, was filtered three times to make its transparent.

"The alcohol was driven off from the calendula by heat, and the remaining fluid from tincture used.

"All the tubes were in a warm place for 36 hours before opening. Whether the lessened pabulum in the calendula tubes had any thing to do with the restricted growth of the animals or not, I can not say, but I think not.

"Am of the opinion that the drug has an inhibitory action upon the growth of some micro-organisms."

If it be possible to draw any satisfactory conclusion from the above imperfect experiments, it would appear that calendula exerts at least a moderate influence on retarding putrefactive changes, and that it may be classed among the antiseptic substances; that is, those which exhibit an inhibitory action on the growth or development of bacteria.

In practice, my experience, though not large, would tend in a general way to confirm this conclusion.

I find that *cæteris paribus*, wounds treated with it, follow a more favorable course than under non-medicated dressings, but in comparison with corrosive sublimate, iodine, iodoform, and even carbolic acid, the results are decidedly inferior.

My method of employing it has been to thoroughly irrigate the wound during the operation with a watery solution, and after the closure, to envelop the part with absorbent calendulated cotton. Drainage-tubes were soaked in a strong tincture for some time prior to use. I have, on a number of occasions, used for ligatures and sutures a plain catgut soaked for several days in the ordinary tincture.

Prepared in this way, they have, so far, caused as little irritation and have absorbed as readily as the carbolized gut.

#### BELLADONNA AND ITS ALLIES IN THE TREATMENT OF CHILDREN'S DISEASES.

BY

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(Read before the Penn. Hom. Med. Soc.)

FOR children, belladonna is of the utmost utility, as the wide range of its action shows, namely: On the head and all the organs of sense; on the throat and the whole circulatory and digestive apparatus; on the skin and all nervous and muscular activities.

Being so very useful, it is very important to note the boundaries of its action, and the object of this paper is to show briefly some of those boundaries as observed and verified in the writer's practice.

Belladonna should not be given to children when the temperature of the skin is normal, nor when the pulse is quiet, nor when the sleep is normal.

In Teste's *Materia Medica*, he quotes an observation of Hufeland's, to show that *idiots* are not affected by belladonna to any appreciable extent. The present writer has no opportunity to test the action of the dynamized drug on any idiot, but will look for the chance and report accordingly.

If the child is delirious by night and dull by day, it is probably a belladonna case, but if dull at night and actively delirious by day, the case will more likely call for hyoscyamus, opium, or stramonium.

Belladonna *head* cases complain chiefly of the frontal region, and are apt to keep the head in motion. Reverse conditions call more for agaricus, bryonia, silicea.

Belladonna patients like the head cool; silicea patients want it wrapped up as warm as possible.

Belladonna in meningitis is to be carefully compared with glonoinum, gelsemium, bryonia, rhus tox., argentum nitricum, apium virus, and nux vom.

In sunstroke, our drug compares well with glonoin, and verat. viride.

In the eye, the symptoms that call for it are rarely present in childhood, except as a result of falls and blows on the head, when it comes in well with arnica and cicuta.

Congestion of the ears, with earache or deafness, is well met by belladonna, except when suppuration has started, or when the pain is *continuous*. It acts well on the glands near the ear and below the ears, especially with humming noises.

In all head symptoms, the belladonna type is congestion, and its chief allies are bryonia, cicuta, glonoinum, argentum nitr., borax, silicea, aconite, veratrum viride, and ferrum phos.

In the nose, we have epistaxis, and acute or imaginary smells, but slight *catarrh*.

In the face, we have bluish-red, erysipelatous, swollen, and *rapidly changing* appearances. Neuralgia is rare in children, and creates a suspicion of onanism. The lips and mouth are much affected,

but always in the way of active congestion.

The throat is red, generally dry, always hot, and exquisitely painful. Throat symptoms that are like those of belladonna are found with merc. sol., phytolacca, tarentula, *cubensis*, agr. nit., etc. Belladonna throat symptoms always change rapidly and crave cold water; yet there is an aversion to drinking.

The stomach symptoms are slight in importance, but the bowel symptoms are marked, chiefly, however, in adults.

With children we note the discharge of scentless flatus and occasionally fruitless tenesmus, with or without colic. The urine is very dark if scanty, and very pale if profuse. Nocturnal *enuresis*, when the sleep is restless with sudden starts. (Agaricus, if twitching of single muscles.) The respiration is oppressed, quick, or unequal, often spasmodic, as in whooping-cough.

The cough symptoms are entirely subordinate to the general symptoms that are so well known; the fever, with very hot skin, and no desire to be uncovered, but yet with rapid changes of state, and disliked to be touched.

Borax is almost identical with the fever and wakefulness, but dreads to be laid down; cries as soon as the nurse starts to put it down. This has been verified over and over again, when in every particular, except the crying on lying down or rocking, bella. seemed indicated.

In chorea, trismus, and tetanus, this writer has not yet used the drug under consideration, although it is well recommended, but it has seemed that in such diseases arsenicum, causticum, tarantula ignatia, and hyoscyamus are often called for.

It remains to speak of two conditions in which belladonna is always first thought of—convulsions and scarlet fever. It covers more cases of these than any other one remedy, besides being a positive preventive, in most cases, of the scarlet fever.

Its chief limitations in convulsions are that it is only useful in full-blooded subjects and acute cases. Its allies are ignatia, calcarea, nux vom., cupr., cicuta, glonoinum, etc.

In scarlet fever, it need not be given if the sore throat be putrid, or the eruption dusky or very pale. It is ably seconded by bry., ailanthus, phytolacca, sulph., etc.

Teste, in his chapter on belladonna, does not handle its relations as ably as he does those of his earlier groups, and though he assigns it a front place with children, afterward nearly ignores them in the further consideration of the subject.

The treatment of children without belladonna would be unsatisfactory work, but future study will show that it has many allies.

#### TREATMENT OF PERI-UTERINE CELLULITIS.

BY

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Detroit.

WITH the practitioner rests the great responsibility of preventing this disease. To him often must the victim look for the prominent cause of her affliction. "Tis an old adage, "That an ounce of prevention is worth a pound of cure." To no disease that woman is heir to, can this be better applied than to peri-uterine cellulitis. From the apparently simple condition of constipation, to the severe traumatic causes, must the woman be guarded and protected.

Peri-uterine cellulitis is always serious, whether developed during the worst condition of the puerperal state, not from the rapid termination of the disease, but from the long duration and natural incurability of the abscess, and from the constant dangers arising from the paroxysm and the risk of grave diseases of the lungs, makes cellulitis a disease dreaded by the gynæcologist.

Aran considers that two-thirds of the women attacked by chronic peri-metritis are predisposed to tubercle.

It seems superfluous to speak of prophylactic treatment for the average practitioner, which consists in avoiding all post puerperal conditions, such as coition, remaining too long on the feet at one time, mental or bodily fatigue.

The first and most important matter

is to subdue or abort the inflammatory attack. Second, to assist resolution in absorbing the effused material. Third, constitutional treatment for the diathetic affection, peculiar to the patient, which has a tendency to perpetuate chronic inflammation. Fourth, careful consideration and treatment of all complications. Fifth, if necessary, evacuation of the pus.

Rest is one of the principal adjuvants in treating this disease. Under no circumstances should the patient be allowed to exert herself or leave the bed. Thomas says, "Were I limited to one remedial resource in this affection, I should choose rest, in preference to all others."

This disease, like typhoid fever, is not amenable to the heroic treatment of the allopathic school, not but that we believe peri-uterine cellulitis can be aborted the same as typhoid fever, under the action of the indicated remedy, but the method resorted to by the old school, such as local blood letting, leeches, or cupping glasses applied to the abdomen, or counter irritants, as *unguenta cnattharidis*, *tr. iodine*, and mustard have not proven efficacious in the treatment of this disease.

It is claimed by some of our allopathic brethren that this method is now resorted to, but we can respectfully refer them to any number of *late* authorities on this subject for information.

From the well-supplied armamentarium of our therapeutics we have abundant assistance in treating this disease in a more scientific and satisfactory manner.

*Therapeutical Treatment.*—We believe with Carroll Dunham, who states in the preface to Aconite this truth, which has been, and probably ever will be, our rule for prescribing medicines: "Regarding each drug of the materia medica as possessed of individual, specific properties peculiar to itself, and which precludes its being a substitute for, or being superseded by any other drug, it is not material with which drug we first consider."

First on the list we shall place *Aconite*. The well-known action of this drug and its direct affinity for all forms of congestion, renders it extremely useful in the first stage of this disease. It is es-

pecially suited to women of a plethoric habit, lively disposition, bilious, nervous or sanguineous constitutions; with sharp lancinating pains and synochal fever. *Aconite* is most always indicated by a distinct chill or rigor, which is followed by a rapid, full and bounding pulse, elevation of temperature, flushed countenance, with a stinging, beating or throbbing in forehead and temples; burning dryness of the skin, and if the disease follows delivery with suppression of the milk or lochia, excessive smarting on awakening from sleep, with a painful sensation of pressure or fullness in the hypogastric region, sometimes referred to as a bearing down or a dragging feeling, (not the bearing down of Beel); frequent desire to urinate; dysuria, and an unsatisfied sense of the bladder not being emptied; anguish and restlessness of mind and body; forebodings and anticipations of death; the tongue coated yellow or white all over the surface, indicates aconite as the remedy to prescribe.

*Arnica*: This remedy is more suitable for the different stages of inflammatory action, when there is a lack of vital force, or a nervo-lymphatic condition of the pelvic organs, produced by mechanical means, as instrumental delivery, direct blow, or mechanical operations of the cervix, like rapid dilatation with a divulsor.

Ludlam says: "There is no valid objection against alternating aconite and arnica for the relief of these symptoms," meaning post-puerperal symptoms. "The arnica should, however, be given at longer intervals than the aconite and in a higher potency." We wonder why the good professor added the last caution. It is evident in our mind he thought the above proposition somewhat shaky, and therefore thought it best to hedge a little with the caution. But even with this cover we are obliged to differ with our friend. In many respects is arnica contrary in its action to aconite, which corresponds to the purely inflammatory or synochal form, while arnica is indicated in venous stasis or a condition when the nervous system, the animal as well as the vegetative, is in a state of torpidity, just the opposite of aconite. Arnica is also indicated in those



stages of inflammatory attacks, when the vital powers begin to become extinct, when torpid fever or *nervo-phlogosis* sets in ; under these conditions or circumstances says Noack and Trinke ; " It is the contrary of aconite, which corresponds to the purely inflammatory, especially the synochal character."

Following confinement, when labor has been tedious, and the woman exhausted with an atonic hæmorrhage, this remedy is especially applicable. We do not believe that the local application of arnica, as is often recommended, of any special merit, while we would encourage in the persistent use of hot water or some other erollient. We can not reconcile ourselves to the topical use of any remedy. Arnica which has been employed empirically for years, demands more than ordinary consideration at our hands. Whenever this drug has been indicated, we have always found that the internal administration was sufficient. If we *must* keep the patient and friends occupied, let the topical application be heat, either dry or moist.

*Belladonna* is to the stage of effusion what aconite is to the inflammatory fever of this disease. It is especially indicated in that erysipelatous form, at the commencement of the inflammation. The pain through the pelvis is aggravated by the heat, contact, jar, or movement : with constant and violent pressing downward toward the genital organs, as if every thing would protrude. This symptom is worse when the patient bends over or tries to walk, but it is relieved when sitting erect or when standing. It is also indicated when the nervous system is susceptible to impressions, and is, therefore, a very suitable remedy for that class of women suffering from periuterine cellulitis, in which the whole nervous system is in a state of erythsm, or a morbid augmentation of any vital function. We have always found belladonna of decided benefit in those conditions, when the vaginal mucous membrane particularly surrounding the cervix, was globular in form, with a smooth, regular, resisting surface ; but, painful, and projecting into the vagina. There is a marked vaginal heat to the touch, and the vulvo-uterine mucous membrane, more or less moistened with mu-

cus and the digital touch discovers prominence of the larger arterial vessels, which are felt pulsating under the finger.

*Gelsemium*. This remedy, for which the profession are under the deepest obligation to Dr. E. M. Hale, of Chicago, for bringing it into prominence as a remedy having absolute control over certain inflammatory conditions. It compares favorably with aconite and veratrum and yet differs from these two remedies in this particular. The pulse is voluminous, full and rapid, and easily compressible, while aconite is thin, wiry, unyielding and at times jerky, and veratrum is full, bounding and not easily compressed. The action of gelsemium upon the uterus during the inflammatory stage, has long been recognized as almost a specific in puerperal conditions after abortion. It will often control the fever in a few hours. Like many febrile remedies, the effect of gelsemium is to produce first, paralysis of the motor nerves, second, followed by congestion. On the uterus, therefore, the effect we anticipate is, to control the congestive condition through the secondary action of the gelsemium. This drug, like veratrum, has not been appreciated in diseases of the parenchyma and cellular tissue of the pelvis in the inflammatory stage. Under its use we have found it to act like magic in the box in periuterine disease. When selecting this remedy the indications of the tongue will also assist in confirming your choice, which will be covered with yellowish-white or a pale red coating.

*Veratrum viride*. Our special attention was first called to this drug as an important remedy in cellular diseases, by Dr. L. J. McGuire, of Detroit. Next to aconite, we rely upon veratrum during the first stage of periuterine cellulitis. With the crude provings at hand upon the sexual organs of women, we are obliged to accept many clinical reports as a basis upon which to select this remedy. Its action is similar to aconite and gelsemium and when given in material doses depresses the circulation. There is no doubt in our mind but that it is homœopathic in certain forms of inflammation. When the characteristic symptoms are present, such as a full, hard

and bounding pulse, with the tongue yellow at the sides and a red streak in the center, we are justified in prescribing this remedy.

## II. STAGE OF EFFUSION.

It is especially in this stage that the homœopathic remedies are applicable. The influence of *apis*, *arsenicum*, *bryonia*, *mercurius*, *silicea*, and *sulphur*, over the plastic product by absorption, places these remedies prominently before the practitioner when selecting his drug. *Apis* we are obliged to name first, as from experience we are satisfied it really has a striking effect, where the effusion is marked about the vagina and cul-de-sac. Its characteristic symptoms are too well known to our practitioners to demand more than a mere mention. The tongue presents a dry, fiery red appearance, with a sticking or tingling sensation and in a swollen condition ; usually the saliva is frothy and tenacious. There will be sharp darting pains in the rectum, some bearing down in the hypogastric region, with swollen labia. Finally, when you have a case where the pain is aggravated by warmth and relieved by cold, with a burning and stinging sensation through the pelvis, with extreme sensibility to external touch or pressure, with drowsiness and thirstlessness, *apis* should be prescribed.

We fully concur with Dr. Ludlam, that many of the failures attributed to *apis* when indicated, are due to a poor quality of the preparation. There are so many ridiculous methods of preparing *apis*, that we do not wonder at the quality as well as quantity prepared by our pharmacies.

The action of *arsenicum*, *bryonia*, *silicea* and *sulphur* is so well known to the profession, that we shall not mention their applicability to this stage of the disease.

One distressing condition in connection with this stage, is vomiting. *Kreosote*, 30 x, in our hands, has done much to allay this symptom.

In this stage, too much attention can not be given to the diet. From the very first, the patient should be well fed. Properly made beef tea, (not slop), soups, milk and eggs to suit the appetite, and should be given in generous quan-

ties. Stimulants, if administered, which we do not approve of, must be given with a great deal of care, as they derange the digestive capabilities of the patient. No set rule can be laid down as to the selection or quality of the food, but left to the discretion of the physician or nurse, remembering always that the diet must be liberal.

The hypophosphites, which act as *nutrients*, come in play well at this period. The patient should be kept in a well-ventilated, moderately warm room. The whole body should be sponged two or three times a day, with tepid water, exposing only one part of the body at a time, to avoid chilling the surface. Frequent sponging over the pelvis is very grateful to the patient. A caution that has been given by Dr. Ludlam, in connection with this stage of the disease, is so applicable that we quote his language : "The quantity of *serum* effused, the size of the tumor and the risk of an abscess, bear a proper relation to the impaired quality of the blood, and to the too rapid destruction of tissue that is going on in the system ; and unless the patient's strength is fortified against it, you will learn when it is too late, that either a passive, but very extensive infiltration of serum has taken place, or that pus has already been formed, and is seeking an outlet. Under these circumstances, therefore, do not permit the febrile condition to mislead you. If such a result were desirable, a rigid diet would be the very best means of inducing a hectic fever, and its attendant symptoms. For, the weaker your patient, the greater the liability to fever, and to non-removal of the tumors, except through the process of suppuration. In puerperal women, especially when strength has been taxed during gestation, and who have survived the martyrdom of labor, there is a strong predisposition to the *diathèse de suppuration* of Trousseau. If you persist in keeping them upon an insufficient aliment, the best chosen remedies will not help you out of the difficulty. Indeed, this is one of those conditions in which good food may be worth more than medicine."

III. *Diathesis*.—The diathesis of the patient, we think, should engage our attention as the third consideration of

this disease. The diathetic affection, under the influence of which periuterine cellulitis has a tendency to be perpetuated, and, in fact, all diseases of the pelvis, should demand a large share of our study. It is here that our homœopathic remedies can do so much good to suffering humanity.

Diseases of the pelvis, according to Bernutz, are maladies symptomatic of very different indications; not only according to its acute or chronic form, its sero-adhesive or purulent nature, but should be considered according to the indication furnished by the diathesis, of which very often the inflammation is a remote manifestation. Therefore, a scrofulous diathesis should be considered in a different manner from an inherited constitution (we regard the term diathesis and constitution as synonymous), as tuberculous or certain neuroses, each form requiring special treatment, with special remedies. In the lymphatic diathesis we have arsenicum iod., aurum met., baryta carb., calc. carb., ioidid. and phosphorica, graph., hepar sulph., iodium., kali hydroiod., lycopodium, merc., psorinum, silicea, sulphur, or *any other remedy that is indicated*, to assist us in relieving this stage or part of the disease. This, of course, applies more to the chronic form of peri-uterine cellulitis than the acute.

IV.—Complications which are associated with this disease or which may persist after the stage of effusion, must also be treated. Nausea and vomiting, as we said before, are complications which will often tax the physician to his utmost, and require special treatment, although they are symptoms of cellulitis. It may appear at the outset of the disease and continue a distressing symptom returning with every exacerbation. When the indicated remedy does not relieve this symptom, small pieces of ice should be given from time to time, or a little iced champagne. Sedatives should never be resorted to. Constipation often necessitates simple enemata, introduced by a long canula. Always avoid laxatives and yet we insist upon the sigmoid flexure being kept empty. If diarrhœa should occur we have the different forms of mercury, arsenicum, etc., but never be guilty of prescribing bismuth

or opium, as is often recommended by our allopathic brethren. We can not here go into an explanation why, in this disease, these remedies should be avoided, but let any one become familiar with the results of administering these drugs and they will soon discover sufficient reason for our position taken.

The nervous symptoms that are manifested, usually respond to hydropathic treatment or faradization. Hæmorrhages from the uterus may occur in the later stages, which can be controlled by erigeron, sabina, millefolium, belladonna trillium, or hamamelis, and furthermore the indicated remedy, regardless of our provings, will soon allay this somewhat annoying symptom. Avoid secale in material doses, as recommended by some of our school. Its persistent and continuous action is always prejudicial to good results in this disease.

As for other complications, such as leucorrhœa, uterine catarrh, vulvo-pruritus, should not be attacked directly until after the cellular inflammation has subsided. Piotowsky in his treatment upon pelvic-perimetritis places beyond doubt, the dangers attending a too hasty intervention at this stage of the disease.

*Local Treatment.*—The only local treatment from which we have found any benefit is hot water vaginal injections. The action of hot water over the network of capillary blood vessels, through its influence upon the sympathetic nerves which preside over nutrition, and the blood vessels of the sexual organs, by stimulating the contraction of the walls of these vessels. The veins of all pelvic organs become in this disease very much dilated from want of proper nerve stimulus and stasis of the blood takes place to such an extent that we have a condition of stagnation. With the assistance of rest and the exciting reflex action through the nerves, by the use of hot water, the vessels are made to contract. In medicine we have three agents for exciting this peculiar action of the nervous system, i. e. heat, cold, and electricity.

The impression of electricity is only transitory and can only be relied upon as a valuable adjunct.

The first effect of cold is to prompt



rapid contraction ; the second is excessive dilatation of the blood vessels and the condition of congestion more aggravated than ever, hence my objection to the local application of ice bags to the hypogastric region in this disease as recommended by so many authors. Unless heat is carried to such a high temperature that it disintegrates the tissues, it does not have the objection of electricity or cold. The first effect of heat is to cause dilatation of the capillaries, but followed if maintained for a time by a reaction producing a contraction ; in other words heat like cold has two actions ; the first heat, expansion followed by contraction, the other cold, contraction followed by dilatation. Hot water vaginal injections are beneficial in all stages of periuterine cellulitis, and furthermore not only in this disease but in all diseases of the female organs of generation which are susceptible to any treatment besides surgical, where the congestion is either venous or arterial. Its action upon the mucous membrane is to bring about a shriveled appearance of the tissues, similar to that produced by the continuous application of a hot poultice, which the practitioner has so often seen. This capillary contraction will remain for hours before resuming its former condition. But like the continuous use of the poultice to obtain this result so must the injection be continued.

There is no topical application that is so ill-advisedly employed and administered in a manner that is prejudicial rather than beneficial to the patient, and yet when administered according to proper directions it is the grandest adjunct the practitioner has in gynecology. The full benefit of these injections can only be obtained by giving them while the patient is lying upon her back, her hips elevated and not less than two gallons of water used at a time. We now have various shaped bed-pans, composed of soft rubber, hard rubber and earthenware, which can be selected for this purpose. When not obtainable, a proper adjustment of a mackintosh sheet or ordinary oil cloth, can be arranged about the hips of the patient, so that the water can be conducted to a foot bath or a tub, on the floor. Care should

always be taken not to wet the clothing of the patient. When employing a bed-pan for irrigating the vagina, we use a small rubber tubing to carry off the water from the pan.

If the patient is able to bear the fatigue, it is well to place her hips over the edge of the bed, resting each foot upon a chair, with a pillow under the small of her back, and well covered. The last is an important matter, as well as to make the woman comfortable. If the bed is a soft one, a board should be placed under the hips to prevent them from sinking down.

In the choice of the instrument used for administering the hot water, we prefer the fountain irrigator, and, therefore, can not agree with Drs. Emmet and Thomas that it is necessary to have an interrupted current to the stream of water, in order to obtain better results. He urges the use of the Davidson syringe on that account, but from his own arguments we must believe that the system receives its benefit from the action of heat alone, not the shock of the injection. With a tin reservoir made flat on one side, that will hold two gallons of water, with six to eight feet of half-inch tubing, and, attached to a tin nipple at the bottom of the can and a proper sized vaginal tube fastened to the other end of the tubing, makes a very complete outfit for vaginal injections. Now with the reservoir filled with hot water, suspended against the wall five or six feet from the floor, we have one of the best methods of giving hot water in periuterine disease. On the tubing is fastened a small clasp which places the control of the stream in the hands of the nurse or assistant.

Another method of applying heat to the vagina and hypogastric region, but more expensive, is Leiter's irrigating apparatus, and once used by the practitioner would supersede all others. It is an arrangement of metal tubes formed in nests or coils, composed of flexible material and can be adapted to any part of the body. The apparatus works on the plan of any ordinary irrigator, the water being raised to any temperature by passing through a coil of copper, heated by a spirit lamp, to which is attached a thermometer indicating the



degree of temperature. For maintaining a uniform temperature—an important matter—over any part of the body, this apparatus is indeed a success. In vaginitis we have seen a temperature of  $110^{\circ}$  maintained in the vagina with a vaginal coil, for forty-eight hours, producing a complete cure.

The abdominal and hypogastric pads are covered with flannel, and owing to the slight weight of the material used for the pipes, which composition is known only to the inventor, it does not produce any discomfort from the weight of the coil as would be supposed. Its adaptability to other parts of the body is significant.

In addition to the topical use of hot water, we have also employed, when the patient would tolerate the application, glycerine. The well known action of this important remedy (that is the pure, for any amount of the spurious article is put upon the market and sold by the druggist), is to induce a watery discharge from the cervix and vagina. Glycerine has a remarkable affinity for water in all tissues, and by the process of osmosis it extracts from the vagina and cervix, as well as the cellular tissue, a large quantity of water. The chemico-capillary action of this drug—if we may so call it—is now so well known, that we wonder at physicians and gynecologists will still persist in the use of it as a vehicle for other remedies, like hydrastin, iodine, calendula, hamamelis, etc., for uterine affections. If the effect of any of these drugs is obtained, it is simply by accident as it were, and is absorbed by the mucous membrane, producing not a curative effect, but toxicological; as an instance the application of crude belladonna to the cervix, followed by symptoms of poisoning.

If there is any one thing that general as well as the gynecological practitioner has gone wild over, it is the desire to apply and recommend remedies in various strength to the cervix, in diseases peculiar to that organ. We regard the mucous membrane of the cervix and vagina as having less absorbing qualities than any mucous membrane in the body. Nature intended this mucous membrane to discharge, rather than to absorb, and to expect that a tissue which has been

pouring out, as it were, a secretion during its existence, will at once change its function, be it normal or abnormal, to accommodate a remedy that has been applied in crude strength, is asking too much of this tissue. Again upon what known principle or drug action—aside from a certain mechanical effect—can the fact be established that a remedy will be absorbed by the vagina or cervix, and produce a better curative effect upon a diseased tissue than if taken by the mouth. Upon what physiological or toxicological grounds can the fact be demonstrated that any remedy in the crude when united with glycerine or combined with two or three other ingredients, such as tannin, alum, borax, hydrastin, etc., can or will be utilized by the system in a more scientific and speedy manner than the mouth? Of course we know that the astringent applications are for the purpose of mechanical effect, yet with all or a part of these remedies, have we seen belladonna, calendula added. If glycerine is to be used for its detergent and antiseptic properties, make the application by saturating a wad of cotton that has had a string sewed through it (not tied around the cotton) to make a broad flat tampon, and apply it carefully under the cervix. Never crowd or force a bunch of cotton up into a tender vagina to produce discomfort to the patient. In fact, all dressings for the cervix or vagina, great care should be exercised to make the patient as comfortable as possible, remembering that the pelvic tissues are not accustomed to rough usages, and if you wish to obtain good results, and with the assistance of the patient, all dressings and appliances must be arranged with regard to the comfort of the woman. An ill-fitted tampon, or a roughly packed vagina will produce, in a nervous woman, a condition that is always prejudicial to good results.

When removing a tampon or any other dressing from the vagina, do not, we beg of you, resort to force or rough handling. If you haven't a string fastened to the cotton, use one of Sims' tampon screws. It is a simple instrument, made about nine or ten inches long and can be used when the patient

is in the recumbent position, without disturbing her in the least.

V. When suppuration occurs the pus must be evacuated, as in any form of a pelvic abscess. The selection of the place for the opening of the purulent collection must depend upon the individuality of the case. There is no universal rule for practice in this matter, but as rupture is the only alternative and may involve structures that would cause death, the expediency of an operation to evacuate the pus must be determined by the urgency of the case. Also the accessibility to an operation, as well as the probability of a rapid and spontaneous discharge from the opening. In the case of acute peri-uterine cellulitis, the puncture should, if possible, be made through the vagina. This not only simplifies the malady, but hastens the cure. But as all surgical interference in this disease is attended with some risk, it is well to wait the formation of pus. Bourdon is in favor of an artificial opening of a pelvic, as well as of all other abscesses. He says : "The presence of pus facilitates its formation ; the tumor may be very large and the pus may travel a long way producing inseparable mischief ; the abscess finding no external outlet may be discharged into the peritoneum ; and if the opening occurs spontaneously, or is made late, patients are condemned to suffering which they might have been spared ; it may also open at an unfavorable point for the discharge of pus ; and lastly, in many cases, the patient being greatly enfeebled by a long malady, is no longer in a favorable condition for recovery after the opening of the abscess." Nouant and Bernutz both insist upon the necessity of an artificial opening as soon as there are any symptoms of the presence of pus. But on the contrary Aran contends that abscesses of the pelvis should seldom, if ever, be opened artificially, claiming that the purulent accumulation is retained in a kind of cyst, which has been formed by false membranes, which prevent its spreading, and furthermore, that artificial openings do not prevent a natural escape of the pus occurring at a more unfavorable point. Lastly, the pus may be absorbed and the malady cured with-

out any opening, either natural or artificial. Therefore he would abandon the opening of pelvic abscesses to nature. We think, however, that these reasons are exaggerated. We believe that the origin of the abscess should be taken into account, and dealt with accordingly. Abscesses following pelvic peritonitis are usually encysted, while those resulting from a phlegmon of the broad ligaments, have a tendency to extend beyond this locality. Whatever be the origin, we think it dangerous to wait too long. If the abscess reacts on the economy ; if the presence of the pus causes hectic fever ; if the tumors, on raising the abdomen, seems to adhere to it, or to project toward the vagina or rectum ; if the walls are thin ; or if the abscess has opened at an unfavorable point for the complete evacuation of the pus, or if the urine or fecal matter has accumulated in the abscess, artificial opening should be made at once. If the abscess is subtegumentary, it should be opened through the abdominal wall. When the abscess points toward the vagina or rectum, it should be opened there. Opening through the vagina is easier and more favorable, and should therefore be selected when possible. Bernutz usually employs a curved trocar, which he introduces through one of the iliac fossæ passing thence into the vagina. Koeberlé, of Strasburg, also employs this method, when evacuating pus that has accumulated, after ovariectomies, in the vaginorecto cul-de-sac. Pean's instructions for raising the long, curved trocar for perforating the posterior cul-de-sac from above downward, are, to introduce it through a small incision, made in the abdominal wall above the crural arch near the border of the uterus. It is an instrument similar to those used for puncturing the bladder in men.

In France this abdominal method, of evacuating pelvic abscesses, is now being resorted to quite freely.

When the opening is to be made in the vagina, with a bistoury, the patient should be placed in Sims position, and the ordinary straight uterine knife used for the purpose. Its blade should be wrapped with linen or diachylon paste, to within half an inch of the point and introduced flat on the index finger, till the most projecting portion of the tumor is

reached and pierced. Moderate pressure should be used until we feel that resistance has been overcome and that pus is escaping. Never thrust a bistoury with force when evacuating an abscess of the pelvis. This applies equally well to the trocar. Never make a large opening for fear of hæmorrhage, as the escape of blood is often considerable, even when following Récamier's advice, to carry the incision in a vertical direction. The best instrument, however, is a fine aspirator trocar; it should be introduced like the bistoury on the index finger of the left hand.

After the operation, perfect rest should be enjoined. That improvement may be lasting, all things that have a tendency to produce inflammation must be guarded against. Never restrict the diet at this stage. Lastly, and yet very important, we should hold ourselves in readiness for the approaching menstruation, when there will in all probability be a lighting up, as it were, of all the pelvic pains and inflammation. Keep your patient under control until all danger has passed.

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#### PYÆMIA.

BY

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**S**URGICAL text-books of late have been quite unanimous in considering septicæmia, pyæmia, hectic and surgical fever as one and the same thing; some, perhaps, admitting that there may possibly be a difference as to development, each representing an earlier or a later stage of the same morbid condition. In a series of lectures on "Surgical Toxæmia," before the College of Physicians and Surgeons of Michigan (*vide Med. Counselor vii., p. 138, et seq.*), I have taken the position that, while septicæmia may precede pyæmia, there is a wide difference in the forms of morbid action. In septicæmia we find an arrest of exertion, or "defecation," as Poland terms it, with the retention of effete material in the body, the disease being largely of the lymphatics. When the disturbance reaches the blood it becomes fibriniferous, with a

tendency to the formation of thrombus, and multiple abscess; we have reached a stage far in advance of septicæmia; we have now pyæmia. This relation to septicæmia, however, is only accidental, as pyæmia may appear *ab initio*, without the septicæmic prelude. The views expressed on the occasion referred to have undergone little if any change, and I can not do better than reproduce here the substance of what was then written.

*Pyæmia* literally means "purulent blood," and is a term born in a time when suppuration was very differently appreciated from what it is to-day. It was then supposed that pus found entrance into the circulation, and was carried to different parts of the body, forming nuclei for abscesses wherever lodged. The theory is not so far wrong to-day, being a curious illustration of the fact that modern study and investigations have frequently brought us back to quite ancient theories, thus, among other things, giving considerable value to our nomenclature of morbid action, particularly with reference to the etymology. The main features of pyæmia, as serving to distinguish it from septicæmia, both in cause, progress and termination are its acute character, regularity of the rigors, and formation of abscesses in various and widely separate parts of the body; these abscesses are known as multiple or metastatic abscesses.

In the large majority of instances the first symptoms of septicæmia appear within three days after the reception of injury; pyæmia, in cases of traumatic origin, rarely if ever appears until after septicæmia is well established, if it appears as a sequel to that process. But the symptoms are then so morbid, and there is such a radical change in the character of the malady, that none need be led into error. The temperature, in septicæmia, is never (or very rarely) below normal, unless a fatal issue is imminent, and does not run very high above; furthermore, there is some regularity in the fluctuations of heat, the temperature being higher at night and lower in the morning. In pyæmia there is a marked want of periodicity in these fluctuations. In the course of a few hours there will be a variation of eight or even more degrees, giving a characteristic appearance



to the chart. It will fall, with no premonitory indications, a degree or two below normal, and in a few hours will shoot up five or six degrees above that point. Instantly, almost, drop down below its starting point, fluctuate between that and a degree or two above, and then shoot up again, but, in favorable cases, not reaching its former altitude. On comparing a thermograph of septicaemia and pyæmia it will at once be seen that the differences are striking, unmistakable; the one, regular and of moderate range, always above the normal line; the other, irregular, of great range, and quite as often below as above. Not only is diagnosis thus facilitated, but prognosis as well. Thus, in septicaemia, a gradual and progressive lowering of the temperature, as long as it does not fall below normal, is promise of recovery; a gradual rise, or a marked fall below the health zero, is ominous. In the case of pyæmia a diminishing range and regularity in alterations is hopeful. I would urge all young practitioners to acquire the habit of pricking off the temperature on a chart, for more than once I have been prepared for pyæmia by the tracings before there were any rational symptoms; and again have detected commencing resolution before such indications were otherwise visible.

The *symptoms* of pyæmia are as follows: It is usually, indeed always, introduced by a chill or rigor, followed immediately by a considerable rise in temperature. The chills are repeated at intervals, at times as regularly as an intermittent fever, at other irregularly. The diagnosis is confirmed in proportion as the chills are regular or frequently repeated. Fever of a continued character appears, often having many of the characteristics of hectic; there is much mental disturbance—rarely an active delirium, but an apathetic semi-comatose state; the face has a peculiar bronzed or muddy appearance; emaciation is considerable and rapid; urine is scanty; bowels inactive; skin dry; and the teeth are covered with sordes. The eyes look dull and lifeless, bed sores may appear, and the exhalations and breath have a peculiar, nauseous, sweetish odor. So far the symptoms are common to many forms of asthenic fever, but more char-

acteristic ones are not wanting. There is visceral complication early in the case, particularly in the liver, spleen and lungs; later other organs may suffer, and post-mortem examination reveals numerous abscesses scattered through the substance of the parts involved. These collections of pus are called metastatic abscesses; constitute the central symptoms of pyæmia, without which a diagnosis can not be made. Accordingly, all those who recognize a difference between the surgical toxæmia have devoted much attention to the study of the etiology of this form of abscess. The results reached by me, from some considerable experience, reading and other investigation, are as follows:

All observers recognize the fact that the first gross lesion, as regards the condition of the blood, is the formation of thrombus, or clot, in the veins. There is little question that this thrombus is due to two factors, first, an increased coagulability of the blood, and second, an excitant to coagulation. The first essential, increased "fibriniferousness," has already been considered in the chapter on *Inflammation* (*q. v.*), and need not detain us here further than to observe, that inflammation, by producing *past perfection* of the blood, plethora by instituting similar conditions, and anæmia by an arrest of organization retaining much formative material that would otherwise be appropriated, furnish conditions naturally that are favorable to this essential state of the blood. All that is now lacking is the proper excitant. We find this threefold; the introduction of a nucleus into the current of the circulation; anatomical factors relating to the arrangement and distribution of the vessels; and physiological abnormalities, particularly with reference to the phenomena of circulation, as retardation, remittency, or some similar disturbing force.

There can be no doubt that the continuance or unusual energy of septicaemia may introduce into the blood particles of foreign material that act as nuclei for coagulation, apart from any specific or septic character they may possess, solely in obedience to mechanical laws. Experiment has shown that



such material is at once encapsulated by the fibrine in the blood, probably as a natural conservative process, but practically it increases the probability of thromballosis by materially enlarging the size of the foreign body. Pus may, also, be introduced into the blood-current, and without specificity induce coagulation precisely as any foreign body would. It matters not whether pus is considered as a product of the blood, of a proliferation of connective-tissue corpuscles, or a return of the formed tissue to the embryonic state; under each and all of these conditions—and they may each be considered as parts of the whole truth of suppuration—the pathognomonic element of the pus is the cell; this cell has been quite conclusively shown to be a dead leucocyte, as lymphoid corpuscle that has to undergo no further development. It has been frequently said that the corpuscular part of pus is not diagnostic until amœboid movements cease, it becomes spherical, granular, probably fatty, in other words, until it dies, and commences to undergo disintegration. As long as the proper leucocyte characters continue, taken apart from any other characteristics of the mass in which the cell is found, and without knowledge of its source, the corpuscle is a leucocyte and nothing more. This being true, such a cell is as much a foreign element in the blood as any other organic particle derived from without, and will become encapsulated, and form the nucleus for a thrombus just as readily.

Suppose, again, that the pus-cell is found to be intravascular, and yet there are no evidences of suppuration outside of the tissues of the vessel, as may occur in suppurative phlebitis. How, some may ask, did it find entrance to the blood? It was formerly taught that the endothelium of the veins, the intima, furnished pus as a result of inflammation. Later, we were told by Simon, Callender, and others, that "the lining membrane of the veins rarely inflamed, and never suppurated." This was astonishing teaching to come from men who yielded full credit to the doctrine of Cohnheim! I affirm, and think the proof is easy, that *any* vascular tissue can become inflamed, and suppuration

is a normal sequence to inflammation. To make this stronger, it can now be asserted that *all* tissue is vascular, and that the blood comes into direct relation with every portion of the organic body. The pus-cell in the current of the blood can be derived from the endothelium of the vessels, or from the blood itself by accidental destruction of the white corpuscle. Hence, we find that time has brought us around again to the earliest teaching, and that pyæmia may mean literally what it says; pus in the blood.

From a consideration of all the possibilities and probabilities, it would seem to be a legitimate conclusion that the nucleus may be intravascular or extravascular, both as regards character and source; that is, it may be entirely septic, or a product of suppuration.

This brings us to the next point: the anatomical arrangement of the vessels as favoring coagulation. It has long been observed that secondary blood-vessels are given off from the larger trunks at an increasing angle as they are further removed from the heart. This is designed to assist in equalizing vascular tension by retarding the entrance of blood into the vessels nearest the heart, and facilitating it at a distance. Admirable as is this arrangement as long as the conditions of the blood and the circulation are normal, when the fibrinous change in the blood (essential to pyæmia occurs), it is an element of danger. Conceive a current of blood, flowing in a comparatively sluggish manner, as it must do in the peripheral vessels, particularly the veins, with its plasticity so much increased that it seems, as it were, to be in search of an excuse for coagulation, coming in contact with the obstruction formed by the venous valves, or the wedge-shaped septum that sometimes occurs where a deep vein opens into two superficial ones, a layer of fibrin is deposited, which is added to from the constant stream of blood passing over it, until a clot is formed. It will be observed that the focus of coagulation becomes a matter of moment.

Escaping this danger, the blood being in the fibrinous condition, there is still a third way in which coagulation can oc-

cur, *viz* : through what might be called physiological insufficiencies. Any thing which retards the flow of blood, as venous stasis in the viscera or peripheral veins, or weakened heart-action from coma, shock, or hæmorrhage, furnishes the conditions for coagulation, by permitting a momentary arrest of the current of blood.

In one of these three manners thrombosis occurs, and under all circumstances there can be no question of the vital or intrinsic origin of pyæmia. There is no question of bacteria, or the influence of any organic forms from without ; the process, from first to last, represents a species of morbid action in the true sense of the word.

We have now accounted for the formation of the clot, as the initial lesion in pyæmia, and it is next to be inquired what relation multiple abscess has thereto. We must recognize the fact, in the first instance, that multiple abscess is not an invariable result of thrombus, while it *is* essential to the establishment of pyæmia. The clot may be of such firm texture and perfect organization, in idiopathic and traumatic cases, that the vessel is completely and permanently occluded. In consequence of this, abscess may occur (but always on the distal side of the thrombus), or the vein may become obliterated. When the former, the clot may gradually become loosened, a channel formed for the passage of the blood ; it may be carried to a point where it will remain comparatively innocuous, or it may be discharged with the contents of the abscess. In other cases, and under favorable circumstances, the clot being small and unattached ; it may be carried into some of the arteries, after or during its passage through the lungs, and produce embolism. Of course, the consequences will depend upon the vessel. Thus, the mere formation of thrombus will not be sufficient to constitute pyæmia ; there must be multiple abscess, and the constitutional symptoms. In thrombosis, without such symptoms, the various disposition of the clot, as given above, are rare but not undesirable ; the question of how the accident is to be treated becomes a very important one. Shall we attempt fixation, or dispersion ? Either method has pe-

culiar dangers, but fixation seems to be rather more desirable, as there is less danger of embolism in, perhaps, more important vessels ; at least, knowing where the clot is, is far preferable to breaking it up or detaching it, with no possibility of forming any opinion as to where it will go. Furthermore, even in cases of threatened pyæmia, there is slightly less danger of multiple abscess if the clot can be kept where it has first formed. But each case must be studied according to the indications.

In cases of pyæmia, the clot is usually found at the point of division of a vein, often at the union of a deep and superficial vessel, or at the valves. The clot acts as a nucleus for fresh accessions, chiefly as the caliber of the vessel is correspondingly narrowed and the flow of the blood retarded. Should the lumen of the vessel be entirely filled, the clot becomes lamellated in arrangement, and quite regularly organized. If one of the accidents mentioned above does not now intervene, the clot begins to soften in the center, working toward the proximal periphery, particles are thrown off, carried along in the current of the blood, and form nuclei for fresh coagulæ.

In the ordinary form, however, there is little attempt at organization of the clot, the texture being loose and friable, and particles are continually breaking off and moving along in the current of the blood. The particles are carried along from the smaller vessels into the larger, passing into the lungs, liver, or other viscera, with the stream of venous blood, and either lodging in the minute vessels in these organs, or passing out again into the current of the arterial blood. When the latter occurs, embolism is sure to occur when the smaller arteries are reached, and the characteristic phenomena are produced. When the former, the point of lodgement becomes the focus for inflammation, and minute abscesses, which at once threatens the integrity of contiguous parts, and furnishes innumerable nuclei for new thrombi.

This represents, in brief, a history of the origin and course of a typical case of pyæmia. The most superficial reader and student, it seems to me, can scarcely fail to note the wide dissimilarity from

septicæmia. In fact, apart from the circumstance that pyæmia often appears as a sequel to septicæmia it is difficult to establish any nosological relationship. Septicæmia is due to vital changes, without necessary dependence upon external conditions and circumstances, and the same vital considerations pertaining to the etiology of pyæmia has now been shown. Yet, the conditions of one are only secondarily related or similar to the other, and we are forced to conclude that those who speak of them as a unit, do so, either from careless study of the subject, or an unfortunate desire to simplify nosology, from a want of a proper appreciation of the requirements of pathology as related to therapeutics.

We find, also, that pyæmia may not, in a true sense, be considered a morbid action, at least in the earliest stages; the suppuration essential to its existence is only an unfortunate conservatism of nature, which blindly seeks to remove impediments to her operations by thrusting them out of the way in the speediest possible manner. With a splinter in the finger, this process is harmless and proper; with a thrombus in the lungs or liver, when a weakened condition of the vital powers is superadded from traumatism, or septicæmia, it becomes dangerous and wrong. The two conditions are alike; the difference in result and significance is solely on account of the location, which converts a natural conservative process into a threatening morbid one. It is not seldom that we find this faint line of demarkation between physiology and pathology. It is unquestionably true, nevertheless, that the unusual plasticity of the blood, and the tendency to thrombus, form important items, but we find even these conditions fulfilled in the weakened heart's action, and the slow circulation consequent upon traumatism and hæmorrhage.

The *prognosis* is, of course, unfavorable, and yet this is better in proportion as treatment is commenced earlier. As said, earlier, a favorable termination may be predicted when the temperature does not fall below normal, and the frequent elevations are progressively lower. The viscera or parts in which the abscesses are seated will have much significance also; in the lungs, liver, or kidneys, we would expect more serious consequences than when other organs, less essential to life were involved. Under the most favorable circumstances, however, recovery is slow, and convalescence prolonged.

*Treatment*.—Naturally, treatment is to be hygienic and medicinal. Under the first head, nutrition occupies the first place, both as prophylactic and restorative. By affording this, the conditions of pyæmia are either averted or modified, and later in the case the consequences may be thus repaired. In fact, in many cases, exhaustion rather than any specificity in the morbid action is responsible for death. Nutrition does not include, however, what are popularly known as "tonics," nevertheless, mild stimulation is of the greatest value. It is not my purpose to suggest any form or variety of nutriment, as each case must become, to a considerable extent, a law unto itself. Milk, however, is of the first value, usually, to which may be added a small quantity of lime water. Palatability and assimilability must be controlling considerations.

*Remedies*, as far as my experience, are to be selected from a small number; they exert an astonishing influence when selected with care. *Arsen.*, *rhus*, *carbo veg.*, or *lach.*, have been the most frequently employed.

*Arsenicum*, is a remedy of the first value, and a mistake can scarcely occur if it is given, on general principles, in cases of pyæmia. There is the dry skin, rapid emaciation, and burning thirst, with bodily restlessness so characteristic of the disease. While it is more or less useful in all stages, it is perhaps more particularly suitable in the later stages.

*Rhus tox.*, will be suitable when typhoid symptoms come on, the mental

| SEPTICÆMIA.              | PYÆMIA.                     |
|--------------------------|-----------------------------|
| Lymphatic absorption.    | Venous Thrombosis,          |
| Chronic in character.    | Acute in character.         |
| Local causes, primarily. | Systemic derangement.       |
| Essentially traumatic.   | May be idiopathic.          |
| Continued fever.         | Intermittent fever.         |
| No regular chill.        | Chills frequent, irregular. |
| No multiple abscess.     | Multiple abscess.           |



disturbance is considerable, and the mouth and teeth are covered with sordes. It is a remedy that is very rarely indicated until late in the case.

*Carbo veg.*, is useful in the early stages, and again during convalescence; it is truly the "homœopathic tonic," as some one has called it. The symptoms closely resemble arsenic, but the debility and emaciation do not come on so rapidly.

*Lachesis* has long enjoyed a reputation in the treatment of this disease, but my own experience has not been happy. I think those who recommend it so highly for pyæmia are those who fail to distinguish between this disease and septicæmia. As far as our knowledge goes, preternatural fluidity of the blood is the commoner effect of serpent venoms, but it may be that secondary effects might be an increase in its coagulability. Apart from this, many subjective symptoms would often point to lachesis, but my use of it has never led to any thing very satisfactory.

#### TEMPERATURE OF ROOMS HEATED BY STOVES.

BY

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AS the result of a large number of experiments, with carefully tested thermometers, the following results were obtained during the winter of 1884-5, and the spring and summer of '85. It was necessary to take great pains with the ordinary thermometers offered for sale, testing all, and by immersing them together in ice water and afterwards in a pail of water heated beyond 110°, carefully noting all variations, discarding those most discordant and correcting in the observation those used that marked  $\frac{1}{2}$  degree higher or lower than the standard. To one who has not tried to harmonize an assorted lot of ordinary thermometers, this may seem an easy task; but let him try it, if he wants to be thoroughly convinced to the contrary.

In a remarkably warm, well protected, carpeted and furnished parlor, with doors opening only into rooms with

coal stoves continually burning, the parlor also containing a large coal stove in which fire was kept continuously, the following is the mean of eight observations, the thermometer outside ranging from 22° to 40°. Beginning at the level of the floor, and rising one foot for each thermometer, the average was at the floor, 54 $\frac{1}{2}$ °; one foot, 57 $\frac{1}{8}$ °; two feet, 60 $\frac{1}{2}$ °; three feet, 62 $\frac{3}{4}$ °; four feet, 64 $\frac{1}{2}$ °; five feet, 66 $\frac{1}{2}$ °; six feet, 68 $\frac{1}{2}$ °; seven feet, 69 $\frac{1}{2}$ °; eight feet, 72 $\frac{1}{4}$ °; nine feet, 74°. The average outside temperature at this time was about 33°.

The mean of four observations in a room where a continuous fire was kept, room being carpeted and furnished, having one outside door, and opening besides into three other rooms, in all of which were constant fires, was as follows: All observations being made in the month of February, the room being little used and kept purposely at a low temperature. At the floor, 48°; one foot, 51°; two feet, 52 $\frac{1}{2}$ °; three feet, 53 $\frac{1}{4}$ °; four feet, 55°; five feet, 55 $\frac{1}{2}$ °; six feet, 56 $\frac{1}{2}$ °; seven feet, 57 $\frac{1}{2}$ °; eight feet, 57 $\frac{1}{2}$ °; nine feet, 57 $\frac{1}{2}$ °. It is notable that there is no change for the last three feet at the top of the room in the cool room. One day when the fire went out by accident, the weather being very cold outside, the average per foot was a little more than 1°, at the floor 23°, and at the ceiling, nine feet, 33°.

In an uncarpeted office, with outside door, and several doors beside opening into it, the following is the average for several observations: Floor, 54°; one foot, 54°; two feet, 58°; three feet, 60°; four feet, 62°; five feet, 66°; six feet, 70°; seven feet, 70°; eight feet, 71°; nine feet, 68°.

In the beginning of June, 1885, the thermometer standing at 84° out of doors in the middle of the day, the following is the reading: Floor, 73°; one foot, 76°; two feet, 76°; three feet, 77°; four feet, 78°; five feet, 78°; six feet, 78°; seven feet, 78°; eight feet, 77°; nine feet, 76°.

It will be seen from this that the building had not begun to reach the mid-day temperature, and even the ceiling showed a chilling effect upon the upper thermometers.

It will also be seen that for heated



rooms, during severe cold weather, or even mild winter weather, the variation of temperature is from one to two degrees, or even more, for every foot from the floor. Hence, a thermometer hung at four or five feet gives only an approximate idea of the temperature at which different persons may be in the same room. If, for example, a child is sitting on the floor, it may have a temperature of at least  $64^{\circ}$  or more, and one lying on a bed be in a temperature of  $58^{\circ}$  or  $59^{\circ}$ .

Many more observations were made than have been here mentioned, enough, indeed, to establish a general principle that  $2^{\circ}$  to a perpendicular foot is a very safe amount to reckon in the most snugly built rooms warmed by a stove.

A few observations in an over-heated house, supplied with furnace heat, where thermometers at five feet from the floor are kept at  $78^{\circ}$  to  $82^{\circ}$ , showed nearly the same variation as with stoves.

Enough has already been said to show how pernicious it is to allow infants to play on the floor at any time, especially so during the winter months. Again, how necessary for feeble persons and those with low circulation to put extra protection upon the feet during the winter months while in the house, as well as while out of doors?

#### CORRESPONDENCE.

SAN FRANCISCO, April 22d, 1886.

*Geo. W. Winterburn, M.D.*

DEAR SIR.—The undersigned were appointed at a meeting of the faculty of the "Hahnemann Medical college of San Francisco," a committee, to vindicate the action of the college, which has been assailed by Drs. G. M. Pease and A. McNeil, in the April number of the "AMERICAN HOMŒOPATHIST."

Desirous, as briefly as possible, to correct the incomplete and perverted facts which have been presented by these gentlemen in such a manner as to convey a wrong impression to the mind of the uninitiated, we make the following statement.

It seems necessary to state that Dr. Pease acted as an obstructionist from the very beginning of the organization of

the faculty, and repeatedly antagonized concerted action by insisting on the carrying out of his own peculiar views, more particularly with reference to the admission of female students, which almost amounted to a mania with him. It not being practicable to exclude women, while they were admitted by all the other colleges on this coast, he stood alone in advocating this course. So much by way of introduction.

We wish to state that at a faculty meeting held on October 23d, 1884, subsequent to the final examinations of the course, and at which meeting both Dr. Pease and Dr. McNeil were present, the two ladies in question were unanimously recommended to the board of directors for the degree of doctor of medicine, and the matter of compliance with the requirements of the college by any of the candidates so recommended was *not* then discussed, as stated by Dr. Pease.

The directors being satisfied that the candidates had fulfilled the requirements, then approved of them, and ordered the diplomas signed by the members of the faculty.

The day of the commencement exercises was now near at hand, and it was not until a day or two before this important event was to take place, when the dean was definitely informed that these diplomas would not receive the signature of Dr. Pease, and there being no time left to critically investigate the merits of Dr. Pease's objection, it was concluded to be the wisest course of the college to suspend action, and hence these two candidates were *not graduated* with the rest of the class.

In justice to Mrs. Edmonds, we are compelled to state that the affidavit of Dr. Henry Gibbons, Jr., Dean of Cooper Medical College, while unassailable in itself, presents but a partial statement of facts. As a matter of *fact*, and of record on Mrs. Edmonds' diary, which has been kept regularly during her adult life, she began attendance in July, 1882 (the term beginning in June), and attended all lectures of the first year's course, and many of the second and third, up to the very end of said term.

In addition to this, testimony was

adduced in writing, by a fellow-student who sat next to her during that term, stating that Mrs. Edmonds had been "a constant and regular attendant upon all the lectures during the "regular" term of that year."

Dean Gibbons's material for his affidavit was taken from the entry in his books made later in the term, the delay for such entry being due to legitimately accidental causes, but Dr. Pease ingeniously brings in this document in such a manner as to make it appear that Mrs. Edmonds had just then begun attendance at that college.

Dean Maclean's affidavit speaks for itself.

Referring to the statement that, during Mrs. Edmonds' attendance at the second term of our college, she had only been present at two of Dr. McNeil's lectures, the reader might infer that this constituted her whole attendance, but as a matter of fact she attended not less than sixteen lectures a week during said term, and did attend a number of Dr. Ledyard's lectures on *Materia Medica*, he being a co-lecturer with Dr. McNeil. In her last term at our college, having passed creditably in all the chairs at the examinations for the previous term, she devoted herself to those branches which she considered of the greatest importance to herself.

The very fact that Prof. McNeil had signed her diploma in the first place, proves that she had satisfied him.

Thus, it will be seen that Mrs. Edmonds had virtually attended four terms, at the time when she was graduated.

We can conscientiously state that we have done every thing in our power to maintain a high standard for our institution, and as corroborative proof, stands the fact that several students have found our examinations too severe, and have left us to graduate elsewhere, with success.

No one who has not been connected with the establishment of a new college, has any conception of the difficulties attending such an enterprise, and we rest our case in the consciousness of having done our utmost to promote the best interests of homœopathy on this

coast, and are willing to risk our reputation upon our actions, and greatly deplore the fact that one of our own number should be guilty of casting stones.

S. POWELL BURDICK M. D.

SIDNEY WORTH, M. D.

E. A. SCHRECK, Ph. D.

Committee.

#### THE QUESTION OF IMPREGNATION.

INASMUCH as physiologists are beginning to be more careful to tell us what they do know and less of what they don't, straws may help to show the set of the current, even if not determining its source or destiny. Apropos to the correspondence in the April number of the *AMERICAN HOMŒOPATHIST*, p. 137, the following is offered : Mrs. —, a married lady, between twenty-five and thirty, never has borne any children. She has been pregnant twice and miscarried in the tenth week, and is again pregnant. At each impregnation she has distinctly tasted a taste in the mouth for the next day, during five or six hours or more, something like the *odor* of semen. This has occurred each time, *and at no other time*, although her husband assured me that it is not because the seminal fluid has not been allowed to pass in the same manner as at the times she has become impregnated. As to the woman's intelligent observation of the fact I have not the least doubt.

M. W. V.

Fort Edward, N. Y.

CHICAGO, April 14, 1886.

Dr. T. C. Duncan, for twenty years editor of the *United States Medical Investigator*, resigns to accept the position of Medical Director of the Homœopathic Aid Association, organized to insure the homœopathic public on the mutual assessment plan.

#### HOMŒOPATHIC AID ASSOCIATION.

This association was organized for the purpose of advancing the interests of homœopathy, and to furnish life indemnity or pecuniary benefits to widows, orphans, heirs, relatives by consanguin-

ity or affinity, and devisees or legatees of diseased members. It is governed by a board of directors composed of prominent laymen and physicians throughout the country, with headquarters in Chicago. It is practically an insurance association organized on the mutual assessment plan, graded very low, consistent with the elements of safety. The expenses are light and met by a small admission fee and annual dues. There is a reserve fund, to be used after a few years, to meet assessments of members, or to provide for excessive mortality. Those familiar with the plan upon which it is organized, speak of it in the highest terms. It has already enlisted the active co-operation of leading physicians throughout the country, and it is destined to do much for the cause of homœopathy.

#### ABSTRACTS.

**EXPERIMENTS WITH BREAD.**—Some interesting experiments with bread are described in the *Muelle Zeitung*. Salicylous acid was mixed with the dough, and in one case the dough was saturated with it; in another case the proceeding was the same, with the addition of acid sulphate of potash to the salicylous acid. The experiments being made for the purpose of noting the preservative and other qualities in each case. After baking, the bread was thoroughly dried in the open air, and the loaves then washed in salicylic water and placed in closed wooden bread-chests. At the end of twenty-seven days after this operation the bread in both cases was free from mold, and inside the crust it was moist, tasting nicely; at the end of forty-four days the bread which had been treated with salicylous acid alone was covered with mold, which reached deep into the interior of the loaves; in the bread which had been treated with the acid and potash there was only a little mold, and that where the loaves chanced to touch the other bread.

**SUCCESSFUL TREATMENT OF DIPHTHERIA.**—Dr. Sellden, of Stockholm, relates his method of treating diphtheria by the cyanide of mercury, employing a

solution of one-tenth grain to the ounce, of which, to older children and adults, a teaspoonful is given every hour, or half hour, day or night; the patient also gargles frequently with the solution. In cases of threatened heart failure there is given, in addition, some Tokay wine, and in desperate cases there is added to this a tablespoonful of oil of turpentine in a cup of milk. Great stress is laid upon the treatment during convalescence—fresh air, a nourishing diet and strict confinement in bed being insisted upon. Under the fulfillment of these conditions Dr. Sellden lost but three out of the large number of sixty-one cases of contagious diphtheria which he treated.

**HYDRASTIS-CANADENSIS IN GYNÆCOLOGY.** BY PROF. SCHATZ, ROSTOCK. —Prof. Schatz uses surgery steadily in his gynæcological clinic, but believes it best to admonish his students not to neglect other modes of practice. Functional disturbances of the uterus and ovaries, menstrual anomalies, direct congestive or nervous reflex troubles, ought always to yield to medicinal treatment. He recommends the study of *hydrastis canadensis* internally and externally in affections of the mucous membranes, and its action may probably be explained by contraction of the blood-vessels, though in its effects on the female sexual organs other factors must also be at work. In many cases of uterine hæmorrhages it acted well after the failure of *secale* and especially in *myomata*. In the non-pregnant uterus a rather prolonged and intensive use of *hydrastis* rendered menstruation more easy, less in quantity, and less painful, in virginal menorrhagia and dysmenorrhœa without local causes, as well as in diseases of the uterus and its adnexa. Very remarkable is its action on *myomata*, diminishing or stopping entirely the floodings, where the most energetic action of *secale* signally fails. Climaxis made no difference. He uses four times daily twenty drops of the fluid extract, not only during the flow, but especially during the interval, about a week before menstruation. Smaller doses do not act so well, and larger and too frequent doses act too severely.—*A. H. Z.* 1 & 2, 1886.

THE  
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery, and  
Sanitary Science.*

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*Regular Contributors :*

Profs. W. Tod Helmuth, Samuel Lilienthal, E. M. Hale, John W. Dowling, Geo. S. Norton, J. G. Gilchrist, J. P. Dake, Jno. C. Morgan, I. T. Talbot, C. H. Vilas, F. H. Boynton, Mary A. Brinkman, Jos. Rhodes Buchanan, Drs. B. F. Underwood, G. N. Brigham, Philip Porter, Geo. M. Ockford, Geo. H. Taylor, Charles Gatchell, Charles P. Hart, C. F. Millsbaugh, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

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*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE HERING.

The thirty-ninth session of the American Institute of Homœopathy will convene at the Grand Union Hotel, Saratoga Springs, on June 29, and continue for four days. It is the duty of every member to attend these meetings, even at some personal sacrifice ; but we doubt if any one can be found, who is a regular attendant, who considers that going to the meetings involves any sacrifice at all. Dr. Runnels furnishes three cogent reasons why Homœopaths should interest themselves in this gathering at Saratoga :

1st. It is the duty of every member of

the Institute to attend its meetings, whenever it is at all possible for him to do so. By this simple act you will do more to encourage and stimulate your co-workers than can be measured by words.

2d. It is the duty of every member to act as a missionary and induce as many others to attend and join the Institute as possible. You have doubtless lukewarm neighbors who should be made alive to their duties of professional association. If they cannot be prevailed upon to attend the meeting, induce them to forward their application for membership, properly attested, to R. B. Rush, M. D., Chairman Board of Censors, Salem, Ohio, who will also furnish the proper blanks upon application.

3d. It is the duty of every member to FURNISH SOME OIL FOR THE LAMP THAT BURNS FOR ALL. This you can do by furnishing a paper on some subject for the coming meeting, which shall convey whatever advancements in medical knowledge you have made, or by joining in the discussions at the meeting, thus putting your fellow members in possession of your valuable and helpful suggestions.

We hope that none of our readers will miss this opportunity to attest their adhesion to the cause of organized Homœopathy.

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LITERATURE.

*Purpura.*—By GEORGE W. WINTERBURN, M.D., Pp. 240. A. L. Chatterton & Co. New York.

This readable and useful little monograph is dedicated to Prof Samuel Lilienthal, "who by his professional worth and industry has done so much to establish scientific therapeutics." A graceful and timely tribute to a man whom the writer gratefully remembers as his early friend and mentor in practical professional work. The first part of



"Purpura," treats of the etiology, pathology, symptoms, varieties, diagnosis, prognosis, and treatment of the disease; while the second part is an admirable discussion of drug relations with cases cited under each drug. A full repertory arranged upon common sense and Hahnemannian principles concludes the volume—while a table of contents and index precedes the other matter. The author's discussion of the disease generally emphasizes its extreme rarity. In over twelve years experience the writer has seen one case of purpura simplex, and one of pelosis rheumatica and none of p. hæmorrhagica. He thinks that both cause and pathology are as yet unsolved problems. The late Dr. Sparks of the Charing Cross (Skin) Hospital thought that either a vitiated nutrition of the capillary walls, or an abnormal relation of blood constituents was alone a sufficient explanation of the pathology of purpura, while he evidently considered "that weakness of the vessel walls is a main cause." He also thought that "that the influence of the nervous system may account for some cases of rapid hæmorrhage." Mr. Joseph Coats expresses his belief in the two causes combined in these words: In purpura hæmorrhagica there is also hæmorrhage traceable to weakening of the walls of the vessels from a change in the constitution of the blood." Dr. Gilchrist agrees with our author that the pathology is so far unknown, and admitting Coats's causes, says "It seems impossible to escape the conviction that there is an indistinguishable change in the blood as an initial lesion."

The statement of symptoms is very happy, giving a clear picture to the inexperienced, and a forcible reminder to those who have seen cases.

The prognosis seems to us, "too utterly intense, as it were." The author says "purpura is a malignant disease." No doubt P. hæmorrhagica is extremely so. But we are of opinion that the simple and rheumatic varieties are more frequent than commonly supposed, and very amenable to treatment, hygienic and homœopathic. A skillful and instructive use is made of a case of P. hæmorrhagica reported by Dr. Angell. A remarkable case, more than remarkably treated; but we can hardly forbear

the reflection that twenty pages might have been filled with more valuable matter.

The drugs are arranged in the order of their importance, the following constituting the list: Crotalus, phosphorus, lachesis, arsenicum, secale, china, rhus venenata, hamamelis, terebinthina, erigeron, arnica, sulphuric acid, bryonia, chloral iodium, kali iodide, mercurius, cuprum, aceticum, sanguinaria, hydrocyanic acid, ledum, berberis, ferrum phosphoricum and lycopodium: To these is added a list of fifteen drugs without indications. The drugs are discussed by first a statement of skin symptoms significant of purpura; then citations from provings or poisonings; concomitants, comments, relationships and clinical cases. These latter (several under each drug) are gleaned from many sources and are of special interest and value.

Dr. Gilchrist mentions as important remedies three not given in the monograph: carbo. veg., crocus sat., and ipecacuanha.

Purpura is printed on excellent paper in large, handsome type with wide margins, and is in a modest way as handsome as it is useful and entertaining. With it and Dr. Gilchrist article in Arndt's System of Medicine upon our shelves we feel as if we had ample and trustworthy authority upon the subject of purpura, and assistance for its homœopathic treatment. C. M. C.

#### ABSTRACTS.

**D**ESTROYING DISEASE GERMS IN WATER.—Some of the Paris papers have drawn especial attention to an ingenious electrical filter, the effect of which is to destroy cholera and typhoid germs in drinking water. For this purpose there is employed an earthen-ware vessel, in which are placed porous cells containing carbon plates, the spaces between the plates and the cells being partially filled with animal charcoal or spongy iron. The plates are coupled up with the positive pole of a Leclanche battery, or of a chromozone battery. Alternating with the porous cells are other carbon plates, which are coupled up with the negative pole of the battery. The

water is supplied into the porous cells, and passes through the charcoal or spongy iron to the exterior of the cells, and is drawn off by a tap in the usual way. The water being thus submitted to the influence of the evolved nascent oxygen, the germs of typhoid, cholera and similar diseases are destroyed.

**RELATION OF ILLUMINANTS TO HEALTH.**—An English scientist claims to have proved, by investigation and experiment, that, in respect to health, the electric light possesses advantages over all other illuminants now in use—the latter, with the single exception of electricity, having a vitiating effect upon the atmosphere. The various artificial lights, according to this authority, differ very widely in the important fact that they were all more or less deficient in the rays at the violet end of the spectrum, commonly called the actinic rays, and which most probably exercise a very powerful effect on the system—even the light of the electric arc, which is richer in these rays than any other, is still on the yellow side of sunlight, the incandescent electric light being next best in this respect, after which comes gas and oils. As to gas, it is shown by these experiments that each gas-burner consumes more oxygen, gives off more carbonic acid and otherwise unfits more air for breathing, than does one human being—this excessive heating and air vitiation combined being the main cause of injury to health from prolonged working in artificial light.

**PINE-WOOD BATHS IN PULMONARY CASES.**—At some of the watering places of Germany the very simple prescription of the physician is that the patient should spend several hours a day walking or riding through the pine wood. This simple treatment is said to be sometimes supplemented by the taking of pine baths, and in the case of kidney diseases and for delicate children this is claimed to be highly beneficial. The bath is prepared by pouring into the water about half a tumblersful of an extract made from the fresh needles of the pine; this extract is dark in color and closely resembles molasses in consistency, and when poured into the bath

gives the water a muddy appearance, with a slight foam on the surface. As an adjunct to the daily bath this infusion of pine extract is said to induce a most agreeable sensation; it gives the skin a deliciously soft and silky feeling, and the effect on the nerves is quieting.

**MICRO-ORGANISMS IN POTABLE WATER.**—The detection of micro-organisms in potable waters, even when present in relatively small numbers, is difficult, unless they can be concentrated in a small volume, which of course can not be accomplished by evaporation; it may be effected by precipitating them in a precipitate that dissolves readily in acids. Brautlecht makes use of a solution of one part aluminum sulphate in eight parts of water and one of hydrochloric acid. He puts five drops of this solution in the water to be tested, then adds three drops of the officinal aqua ammonia, which precipitates the alumina, and with it any organic matter. This is collected upon a smooth filter, and, while still soft, is scraped off with a glass rod and dissolved in ten drops of acetic acid. In these ten drops are to be found all the micro-organisms previously distributed through a large quantity of water, and this is used for microscopical examination, being stained, if necessary, with a suitable dye.

**DIFFERENTIAL DIAGNOSIS OF DISTENSION OF THE FALLOPIAN TUBES.**—The broad question of the differential diagnosis of a distended Fallopian tube from uterine myoma is an important one; and I desire to point out what, in my experience, are the chief marks of similarity and difference between the two diseases.

1. Menorrhagia may be common in both diseases, but in uterine myoma it is painless; in tubal diseases it is very painful.

2. Moderate enlargement of the uterus (from three to three and a half inches) is present in tubal distension accompanied by hemorrhage (as in most cases where metrorrhagia is a prominent symptom); an enlargement beyond this may generally be expected in myoma.

3. The tumor formed by distension of the Fallopian tube is always single or

double, and is always posterior to the uterus; nodular myoma is usually multiple, and the situation of the outgrowths variable.

4. The tumor formed by a distended tube, even when chronic and quiescent, is always very tender to touch, whether that touch be from the examining finger of the surgeon, or from the passage of scybala through the rectum; a myomatous nodule, unless inflamed, is comparatively insensitive. Probably, for a similar reason, dyspareunia is a very general symptom of tubal disease, but is almost unknown in myoma.

5. The outline or shape of a distended tube is fairly constant, in possessing a longer and a shorter axis; that of nodular myoma is round or quite irregular.

6. The tumor caused by a distended tube varies in its firmness or consistency, and at some time or other will show signs of elasticity or fluctuation; that of nodular myoma remains hard.

7. Both a distended tube and myoma of the posterior uterine wall may sink lower in the pelvis by causing retroflexion of the uterus; but, apart from this, the former, although adherent, tends to sink slowly by its own weight; the latter reaches a lower point only by increased growth.

8. When pregnancy occurs, the uterine enlargement being caused chiefly by the development of the muscular tissue of the uterus, a myoma of this tissue will be much more likely to be raised by the growing uterus than a distended tube, which is only adherent, and often but lightly, to its peritoneal investment.

The only other condition that is likely to be confounded with distension of the Fallopian tube is cyst or abscess of the ovary. A special form of cystic disease of the ovary is often, perhaps generally, combined with occlusion and distension of the tubes; and if the latter be correctly diagnosed in these cases, this is sufficient for every practical purpose. But ovarian abscess or cystoma of the ovary in an early stage, the associated tube remaining normal, needs rather careful differential diagnosis from a distended tube. I have found the chief

point of difference to be this: that, in cyst or abscess of the ovary, a space can be found between the tumor and the uterus unoccupied by any swelling; in distension of the Fallopian tube, the tumor is continuous with the uterus. By this means I have on two or three occasions diagnosed a cystic condition of the ovary only, when tubal disease has been expected; a diagnosis which has been confirmed by operation. — *Br. Med. Jour.*

#### ITEMS.

Dr. J. H. Buffum has removed to 100 State Street, Chicago.

Dr. John W. Dowling, Jr., will be married on June 2 to Miss Alice Jeannette Bliss. We wish them much joy.

The New York Pharmaceutical Association have issued a Medical Almanac, which they will send to any one requesting a copy.

A full-sized sample bottle of Cherry Malt Phosphites will be sent free by the manufacturer to any reader of this journal who will pay express charges.

At the 29th annual meeting of the Homœopathic Medical Society of the County of Kings, New York, held May 11, 1886, the following officers were elected: President, John L. Mof-fat, M. D.; Vice President, W. C. Latimer, M. D.; Recording Secretary, H. D. Schenck, M. D.; Corresponding Secretary, S. S. McKinney, M. D.; Treasurer, Hugh M. Smith, M. D.; Censors, Drs. E. Hasbrouck, H. M. Lewis, H. Minton, W. H. Butler and E. Chapin.

The tenth annual meeting of the State Homœopathic Medical Society was held in Portland, Oregon, May 4, 5 and 6. Osmond Royal, M. D., and C. L. Nichols, M. D., were admitted to membership. Officers for the ensuing year are: President, L. Henderson, M. D.; 1st Vice President, W. L. Miller; 2d Vice President, Geo. Wigg, M. D.; Board of Censors, Drs. C. E. Geiger, S. R. Jessup, F. D. Miller, S. A. Brown and K. L. Miller. Papers presented and read by Drs. N. B. Nichols, F. D. Miller, S. P. King, Geo. Wigg, A. S. Nichols, E. R. Brown and S. A. Brown.

# THE AMERICAN HOMŒOPATHIST.

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NEW YORK, JULY 1, 1886.

No. 7.

## THE TIMES OF THE REMEDIES.

COMPILED BY DR. IDE, OF STETTIN, TRANSLATED BY

PROF. S. LILIENTHAL, M. D.

(Continued from Page 176.)

- T**ONGUE, viscous mucus on the, also after meals : *Verbasc.*  
“ white coated : *Magn. m., ran. sc., selen.*  
“ furry : *Ran. sc., selen., tart. emet., veratr.*  
“ dry : *Calc. c., clem., cist., graph., kal. c., nitr. ac., sep., sul., tarax.*  
Dryness of mouth : *Ambr., arg. n., berb., cann., caps., carb. an., jacaranda, lyc., magn. c., mur. acid, natr. s., nitr. acid, nux. v., ol. an., op., par., petrol., pod., puls., sang., spig., sul., thuja.*  
Dryness of mouth when waking up : *Alum., calc. c., clem., graph., kal. c., kobalt., sep., tarax.*  
Dryness of mouth, sensation of : *Stront.*  
Sensation as if the mouth were burned, mornings when waking up : *Bov.*  
Sensation as if the mouth were burned, mornings : *Magn. m., puls.*  
Accumulation of mucus in mouth : *Bell., cupr., fluor. acid, graph., ignat., iod., magn. c., magn. m., merc., nic., plumb., puls., rheum., silic., spig., stront., tilia.*  
During the morning sleep, saliva drools out of the mouth : *Baryt. c.*  
In the morning hours he drools greatly : *Graph.*  
Foul breath (also at night) : *Puls.*  
Foul breath mornings when getting up : *Hyosc., mang. ac., sul., sars.*  
Dryness of fauces : *Ammon. c., bov., caust., lach., lyc., petr., plumb., puls.*  
Burning in fauces, worse mornings : *Carb. an.*  
Mucous expectoration from mouth : *Ambr., apis, magn. m., natr. m., petrol., phosph., rhus, sep.*  
Accumulation of mucus in the throat : *Ambr., ammon. m., caust., hep., kal. c., lact., natr. m., petrol., phosph., plat., puls., rhus, sep., tarax., teucrium.*  
Sensation of rawness in throat : *Fluor. acid., sars.*  
Scraping, scratching in throat : *Chin. s., magn. m., petrol., sars.*  
Pains in throat : *Ammon. c., berb., cal. c., phosph., chin. s., cist., nic.*  
Appetite, only in the morning : *Murex.*  
Appetite wanting : *Cycl., lach., selen., senega.*  
Hunger : *Ant. cr., teucr.*  
Bulimia : *Ant. cr., calc. c., sabad.*  
Taste, bitter : *Ammon. c., ammon. m., arn., baryt. c., bryo., calc. c., carb. an., carb. v., cham., cinnab., ipec., lyc., magn. s., merc., nic., nux. v., puls., rhus, rumex., sep., silic., sul.*  
Taste, sweetish : *Aeth., ran. sc., sul.*  
Taste, acid : *Berb., lyc., nux. v., sul.*  
Taste, slimy : *Lyc., valer.*  
Taste, putrescent : *Chin., nux. v., rhus, sul.*  
Taste, as if burnt, empyreumatic : *Rat., valer.*  
Thirst : *Bor., calc. c., carb. an., card., dros., graph., grat., magn. s., nitr. acid., nux. v., plumb., puls., rhus, sabad., sars., sep., sul., thuja.*  
Eructations, severe : *Arn., croc., sul., veratr.*



Nausea : Acon., alum., anac., *arn.*, baryt. c., berb., bry., cact., calad., *calc. c.*, carb. v., caust., cham., cic., digit., graph., hep., kal. bichr., lach., lob., lyc., magn. m., natr. m., nic., *nux v.*, petr., phosph., psor., ran., rhus, *sep.*, *silic.*, spig., staph., sul., veratr.

Nausea and pyrosis early in the morning, better after breakfast (during pregnancy) : Bov.

Vomiting : Ars., baryt. c., calc. c., digit., dros., fer., guaj., hep., kal. c., kreos., lyc., mosch., nux v., sep., *silic.*, sul.

Vomiting in the morning with an empty stomach : Kreos.

Vomiting, acid, early in the morning : Kal. bichr., nux v.

Vomiting with morning cough : Scil

Vomiturition : Kreos.

Spitting of water : Sul.

Pains in the stomach : Anac., chin., lyc., magn. m., natr. m., nux v., phosph., puls., ran. sc., staph., sul.

Stomach, cramps in the : Puls.

Stomach, cutting, drawing pains, early : Kal. c.

Stomach, pressure in stomach, early before eating : Calc. c.

Stomach, sensation of fulness, especially mornings : Ran. sc.

Stomach, sensation of coldness : Magn. s.

Pit of stomach, sensation of coldness : Ars., bell., laur., phosph.

Pains in hypochondria : Staph.

Pains in liver : Bry.

Bellyache : Agar., alum., ambr., ammon. c., bov., bor., calc. c., caust., cham., hep., kreos., natr. m., nitr. acid., nux v., petr., phosph., ran. sc.

Bellyache before sunrise : Cham.

Bellyache in bed : Acon., ambr., natr. c., phosph., sep.

Bellyache, drawing pains : Calc. c.

Constriction in intestines : Acon., ignat.

Bruised feeling in intestines : Ran. c.

Colic at 5 A. M. : Kobalt.

Colicky flatulent pains : Hep., nitr. ac., nux v., zinc.

Flatus mornings when lying : Lyc., spong.

Gurgling in intestines : Chin., sul.

Bloatedness from intestinal flatulency : Nitr. acid., rhod.

Fullness in abdomen : Con.

Pressure in abdomen : Zinc.

Decrease of bellyache : Plumb.

Diarrhœa : Æth., all. cep., aloe, alum., ammon. m., ant. cr., *apis*, arg. n., bov., bry., caps., cist., cop., corn. c., eupat., fluor. acid., fromica., hipp., iod., kal. bichr., lac. can., lach., lith., lyc., merc., mur. acid., natr. s., nic., nitr., nitr. acid., *nuphar.*, nux m., nux v., ol., op., oxal. acid., petrol., phosph., pod., *rhus*, *rumex.*, sabad., scill., stict., sul., thromb., *thuja*, zinc.

Diarrhœa as soon as he rises from bed : Lyc., *nuphar.*, sul.

Diarrhœa daily mornings, after breakfast, a foul smelling discharge : Thuja.

Defecation every morning : Aur., fluor. ac., gent., grat., kreos., magn. s., mezer., nux v., puls., raph., rat., staph., sul., *thuja*.

Tenesmus ani : Æth.

Tenesmus urinæ : Ambra., berb., sep.

Frequent urinations at night, towards morning : Ammon. m., merz.

Involuntary enuresis towards morning : Ammon. c.

Erections : *Ambra.*, caps., magn. m., magn. s., natr. c., nux v., petrol., phosph., puls., *thuja*.

Erections before getting up : Baryt. c.

Erections, deficiency of : Graph., lact.

Itching of male sexual organs : Puls.

- Metrorrhagia from 3 to 11 A. M.: Nux v.  
 Menses more copious in the morning, less at night : Bov.  
 Leucorrhœa when getting up : Carb. an., carb. v.  
 Leucorrhœa in the morning when walking : Phosph.  
 Coryza, moist : Digit., berb., nux v., puls., scill.  
 Coryza, dry: Calc. c., carb. an., con., iod., lach., natr. m., nux v.  
 Coryza flowing in the morning, dry in afternoon: Magn. c.  
 Coryza returning every morning: Ars.  
 Accumulation of mucus in the nose mornings when washing the mouth with cold water: Fluor. acid.  
 Nose clogged up: Arn., con., kal. bichr., lach., lith., par., rhod.  
 Sneezing: Bry., caust., cimex., kreos., nux. m., puls.  
 Rawness in throat : Zinc.  
 Hoarseness: Acon., apis, ars., *bov.*, calc. c., carb. an., carb. v., caust., colch., digit., eupat., iod., kreos., lach., lact., magn. m., mang., *natr. m.*, nic., nux v., phosph., sul. (with cough).  
 Hoarseness every morning: Bov.  
 Accumulation of mucus in trachea: Caust., natr. m.  
 Difficult expectoration of mucus from trachea: Caust., natr. m.  
 Cough, dry: Alum., ammon. m., ant. cr., chin., grat., gymnoc., lyc., magn. s., natr. s., rhod., scill., stann., sul. acid.  
 Cough, dry every morning: Lyc.  
 Cough, dry, with an empty stomach: Murex.  
 Cough, dry, worse in morning: Stann.  
 Cough, dry, chronic, worse 3 to 4 A. M.: Ammon. c.  
 Cough, moist: acon., *alum.*, ammon. c., ant. cr., arn., bell., bry., calc. c., carb. an., caust., cham., *chelid.*, chin., cin., cocc., cact., croton., cupr., digit., dros., dulc., *euphr.*, grat., gymnoc., hep., *iod.*, ipec., kal. bichr., kal. c., kreas., *led.*, lyc., magn. c., magn. s., natr. c., natr. m., nitr., nux v., phosph. acid., *puls.*, rhod., rhus, scill., selen., sep., staph., stram., sul., sul. acid., tabac., thuja, veratr.  
 Cough, moist, chronic: Iod., lyc.  
 Cough, moist, in bed: Ammon. c., nitr., rhus.  
 Cough, moist, at 3 A. M.: Ammon. c., kal. c., nitr.  
 Cough, moist, worse mornings: Nux v., stann.  
 Cough, moist, with expectoration: Acon., alum., ambr., ang., ant. cr., baryt. c., bry., calc. c., carb. v., cupr., dros., euphr. (at night no cough), euphor., fer., hep., ipec., kal. c., lach., lyc., magn. c., magn. m., mur., mur. acid., natr. m., nitr. acid., par., phosph., phosph. ac., puls., *scilla.*, seneg., sep., sponge., stann., sul., sul. acid., tart. emet., zinc., zing.  
 Cough, moist only in the morning, thick sputa or blood mucus: Ammon. c., ammon. m.  
 Cough, with difficult expectoration mornings, more aggravating than dry ; evening cough: Scilla.  
 Cough, with vomiting of mucus: Kal. c., sul.  
 Hæmoptoc with cough: Fer., selen., sep.  
 Tussiculation every morning: Mephit.  
 Cough every morning: Sep.  
 Cough when waking up: Ignat., nux v., puls., rhus.  
 Cough, spasmodic: Carb. v., corall. r., kal. c., kreos., puls., sul.  
 Titillating cough worse: Thuja.  
 Dyspnœa in bed: Tart. emet.  
 Oppression in chest: Bell., carb. an., digit., nux v., phosph.  
 Oppression in chest while in bed: Magn. s.  
 Disturbed breathing: Ambr., bell., carb. an., *con.*, digit., kal. c., nux. v., *phosph.*, tart. emet.

Disturbed breathing in bed: Carb. an., con., magn. s., tart. emet.  
 Short breathing: Kal. c.  
 Stuffy feeling, asthma: Carb. an., *con.*, *kal. c.*, phosph., zinc.  
 Stuffy feeling, asthma, in bed: Con.  
 Fits of suffocation: Digit.  
 Fits of suffocation in bed: Carb. an., tart. emet.  
 Fits of suffocation relieved by getting up: Led., puls., sul.  
 Palpitations of heart: Carb. an., nux v., phosph., rhus, spig., thuja.  
 Palpitations of heart in bed: Ignat., kal. c.  
 Palpitations of heart when waking in the morning: Carb. an., phosph.  
 Palpitations of heart between 4 and 5 A. M.: Lyc.  
 Palpitations of heart after rising: Spig.,—when hungry, kal. c.  
 Feeling of fullness in chest: Sul.  
 Feeling of heaviness and pressure in chest: Sul.  
 Pressure in chest, in bed: Magn. m., phell., senega.  
 Pains in chest: Scilla., sul.  
 Pains in chest in bed: Phell., phosph., senega.  
 Perspiration on chest (on mammæ): Bov., coc., graph., nitr.  
 Stiffness of neck: Ang.  
 Stiffness in back: Ang., carb. v., kal. c., sul. acid.  
 Stiffness in back when sitting: Caust., led.  
 Stiffness in sacral region: Thuja.  
 Pains in neck: Thuja.  
 Pains in back: Berb., euphorb., magn. s., nitr.  
 Pains in sacral regions: Ang., calad., natr. m., nitr., selen., staph., thuja.  
 Pains as if luxated: Arg. nitr.  
 Stiffness (in the joints): Magn. c., petr., staph.  
 Pains in the joints: Aur., staph., viol. odor.  
 Swellings: Natr. c.  
 Numbness of extremities (as if asleep): Mar.  
 Deadness of arms: Kreos., lyc., merc., sul.  
 Deadness of fingers: Ammon. c.  
 Stiffness of fingers: Nux v., puls., zinc.  
 Inflexibility of the fingers in bed: Magn. m., nitr. acid.  
 Stiffness of the shoulders: Staph.  
 Debility in arms: Nux. v., sul.  
 Debility in arms, in bed: Kal. c.  
 Pains in the small bones of the hand, worse: Ammon. c., cupr., iod., kal. c.,  
     magn. m., nux. v., puls., staph., sul., zinc.  
 Pains in the small bones of the hand, in bed: natr. c.  
 Gripping and pulling in the hand: Cupr.  
 Pains in lower extremities: Anac., caust., silic.  
 Pains in lower extremities mornings in bed: Bov., bry., nitr. acid, tart. emet.  
 Pains in hips: Ammon. c., ferr. magnet., staph.  
 Pains in thighs forenoon, free after midnight: Prun.  
 Pains in thighs: Ammon. c., aur., caust., viol. tric.  
 Pains in knees: Tart. emet.  
 Weakness of lower extremities, mornings in bed: Tart. emet.  
 Stiffness of lower extremities: Staph.  
 Spasms of lower extremities, in bed: Bov., bry., nitr. acid.  
 Spasms in the calves of the legs, mornings, waking from sleep: Staph.  
 Swelling of feet: Silic.  
 Perspiration on thighs (or in the evening): Carb. an.  
 Coldness of feet: (Anacard.)  
 Dryness of skin, in the morning in bed: Magn. c.  
 Heat in the skin: Urtic.  
 Itching of the skin: Rhus vernix., sass., staph., sul.

Itching of the skin, mornings, in bed : Rhus, sul.

Itching of the skin when rising : Sass.

Gaping : Ignat., nux v., viola. odor.

Sleepiness : Agar., *ant. cr.*, aur., bism., carb. an., *calc. c.*, *caust.*, chel., clem., cocc., con., dros., euphor., fluor. acid, gran., graph., hep., lach., led., *magn. m.*, merc., merc. perenn., natr. c., natr. m., natr. s., nitr. acid, *nux v.*, *petrol.*, phosph., *phosph. acid*, rhus, sabad., sep., silic., *spig.*, staph., stront., sul., verat., zinc.

Deep sleep : Bry., ferr. acet., gins., graph., hep., lyc., nux v., op., sul.

Soporose sleep during early morning : Bell., brom., calc. c., con., graph., led., *nux v.*, phosph.

Sleepiness, cannot keep himself awake in the morning : Clem.

Sleepiness towards morning : Dulc.

Restlessness disturbs the sleep towards morning : Rhod.

Dreams towards morning : Fluor. acid.

Dreams heavy towards morning : Nux v.

Wakes up too early : Ammon. m., ars., aur., borax, caps., coff., *dulc.*, graph., *guaj.*, *kal. c.*, magn. c., merc., mez., mur. acid., nitr. acid., *natr. c.*, *nux v.*, ol. an., phell., phosph. acid., *ran. b.*, *ran. sc.*, *selen.*, sep., silic., staph., sul. acid., verb.

Wakes up at 4 A. M. : Aur., caust., chel., cycl., merc., sul., tabac., verb.

Wakes up at 5 A. M. : Chin., carb. v., cocc., cact., ferr. acet., oxal. acid.

Fever : Ambr., ang. ver., arn., bell., bry., calc. c., carb. v., chin., con., eupat., euphr., gels., graph., hep., kal. bichr., lach., lam., lyc., magn. c., merc., natr. m., nic., nitr. acid., nux v., sabad., sep., spong., staph., sul.

Chill : Ang. ver., arn., calc. c., con., cycl., dros., eupat., gels., graph., kal. c., led., natr. s., phosph., phyt., spig., therid., thuja.

Chill, mornings in sleep : Natr. m.

Chill at the setting in of morning : Ambr., sul.

Chill when waking up in the morning : Mur. acid.

Chill at 6 A. M. : Nux v.

Chill at 7 A. M. : Pod.

Chill from 7 to 9 A. M. : Pod.

Chill at 9 A. M. : Kal. c., natr. m.,

Chill at 10 A. M. : Ars., cact., lobel. natr. m., petrol., rhus, stann., sul.

Chill from morning to noon : Natr. m.

Horripilations in the morning : Carb. an., *graph.*, hell., hep., natr. c., nitr. acid., zinc.

Horripilations when getting up in the morning : Tart. emet.

Horripilations after rising : Arg. nitr., natr. c., oleand., spig.

Heat : Bov., euphor., kal. c., magn. c., sul.

Heat mornings in bed : Ang. ver., *arn.*, ars., bry., ignat., kal. c., nitr. acid., *nux v.*, puls., sep., staph., *sul.*, tart. emet., veratr.

Heat mornings after getting out of bed : Nux v., sabad.

Perspiration : Alum., ammon. c., ang. ver., ant. cr., arg. nitr., aur., borax., *bov.*, bry., calc. c., carb. an., carb. v., caust., cheli., cic., clem., cocc., dros., eugen., euphorb., ferr. magnet., graph., hell., hep., iod., kreas., lyc., magn. c., magn. m., merc., merc. peren., mosch., mur. acid., natr. c., natr. m., natr. s., nicc., nitr., *nux v.*, par., phosph., phosph. acid., puls., *ran. b.*, rhus, sep., spong., stann., sul., sul. acid.

Perspiration mornings during sleep : Borax., lach., sul.

Perspiration every other morning : Ant. cr., ferr. acet.

Perspiration 5 to 9 A. M., especially on chest : Bov.

Perspiration 6 A. M. : Silic.

Perspiration from morning till noon every other day : Ferr.

#### FORENOON.

Ailments during forenoon : Fluor. acid., guaj., sabad., sep.



- Aggravation during forenoon : Cact., cann., carb. v., grat., guaj., hep., laur., mang., natr. m., nux v., phosph., phosph. acid., sabad., sars., sep., silic., staph., sul. acid., valer., viol. tric.
- Aggravation from 9 to 12: Plumb. acet.
- Aggravation from 10 to 11: Natr. m.
- Aggravation at 11: Gels., sul.
- Aggravation from 11 to 12: Kal. c.
- Aggravation at 12: Arg., carb. v., Kal. bichr.
- Amelioration : Alumen.
- Feels well : Plumb. ac.
- Dullness : Phosph., sabad., stront.
- Weariness, relaxation : Mu. acid., natr. s., phosph., ran. b., sabad.
- Inability to work : Mosch.
- Loss of all strength : Veratr.
- Trembling : sul.
- Stiffness of joints after sitting : Veratr.
- Syncope : Staph., stram.
- Anguish : Nicc., ran. b.
- Downheartedness, unable to enjoy himself only in forenoon : Sars.
- Hypochondriasis : Arg. m.
- Sorrowfulness : Ammon. c., ant. cr., cann., graph., phell.
- Mental laziness : Natr. m.
- Easily angered and out of sorts : ran. b.
- Sensitiveness : Natr. c.
- Quarrelsomeness: Ran. b.
- Headache : *Fluor acid.*, hep., kal. bichr., sabad., sep., selen.
- Headache, drawing : Kal. c.
- Headache, tearing in the forenoon, ceasing at noon : Phosph.
- Headache stitching at 10 A. M., increases to three and 4 P. M., looks sallow and miserable at the same time; regions above the eyes feel sore, severe aggravation from stooping : Spig.
- Headache begins in the morning after awakening with great severity, generally decreasing towards afternoon : Sep.
- Headache at 10 A. M.: Borax.
- Headache from 10 A. M. to 6 P. M.: Apis.
- Dryness of mouth : Magn. c., phosph., senega., sen.
- Burning in œsophagus : Lob., rhod.
- Pains in the throat better : Alum.
- Hunger : Hep., natr. c.
- Bulimy: Natr. carb., nitr.
- Bulimy from 10 to 11: Sul.
- Nausea: Bov., phosph.
- Diarrhœa: Cact., gutti., *thuja*.
- Pressing in abdomen: Phosph.
- Bellyache: Coloc.
- Epistaxis every morning at 9: Carb. v.
- Cough: Rhus., sabad., sep., staph., sul. acid.
- Cough worse from 10 to 12: Natr. m.
- Palpitation of heart every forenoon: Sul.
- Contracting sensation in chest and heavy breathing from the preceding evening to 10 A. M., better when lying down, worse when rising up: Calc. phosph.
- Pains in the hip since morning, only ceasing after midnight, worse during forenoon: Prun.
- Itching of skin: Fluor. acid.
- Tiredness: Phell.

Sleepiness: Acon., ant. cr., cycl., fluor. acid., lach., magn. c., magn. m., natr. s.,  
*nitr.*, nux v., phosph., ruta, sass., *sep.*, silic., tabac.

Coma: Ant. cr.

Falling asleep: Prun. sp., sabad., tart. emet.

Stretching out: Magn. c., phosph.

Yawning: Ant. c., arg. nitr., bism., cann., carb. v., mosch., natr. c., natr. s.,  
*nitr.*, nux v., phosph., *sabad.*, sass., *sep.*, viola. tric. zinc.

Yawning with noises in abdomen: Pod.

Yawning when smoking tobacco: Bufo.

Fever: Calc. c., chin., cop., natr. m., *sabad.*

Quotidian fever from 11 A. M. to 4 P. M.: Gels.

Tertian fever, without chill, at 10: Gels.

Intermittent, without chill, from 10 to 11 to 3 P. M.: Sul.

Chill: Ambra., ang. ver., arn., con., cop., euphorb., guaj., led., stann., stront.

Chill the whole morning: Calend.

Chill forenoon, heat in the evening, quotidian: Carb. v.

Chill at 7: Pod.

Chill from 7 to 9: Pod.

Chill at 9: Kal. c., natr. m.

Chill at 10: Ars., cact., lob., natr. m., petrol., rhus, stann.

Chill from 10 to 11: Ars., natr. m.

Chill from 10 A. M. to 2 P. M.: Merc., sul.

Chill from 10 A. M. to 3 P. M.: Sil., sul.

Chill at 11: Hyosc., ipec., op., *sul.*

Chill from 11 to 12: Kal. c., kobalt.

Chill from 11 to 4 P. M., Gels.

Chill from 11 A. M. to 11 P. M.: Cact.

Chill from morning till noon: Natr. m.

Horripilations: Ars., stann.

Perspiration: Ars., phosph., selen.

Perspiration from morning till noon every other day: Ferr.

Worse before breakfast: Baryt. c., calc. c., chel., *croc.*, ignat., *iod.*, lach., plat.,  
 ran. b., sabad., *sep.*, spig., staph., tarax., verb.

Better before breakfast: Bry., caust., *cham.*, chin., *con.* digit., kal. c., natr. m.,  
 nux m., phosph. acid., silic., zinc.

Worse after breakfast: Ammon. m., bry., calc. c., caust., *cham.*, *con.*, digit.,  
 graph., kal. bichr., kal. c., natr. c., natr. m., *nitr.*, *nux m.*, *nux v.*,  
*phosph.*, *sep.*, sul.

Better after breakfast: *Cal. c.*, chel., *croc.*, ignat., *iod.*, lach., plat., ran. s.,  
 sabad., *sep.*, spig., staph., verb.

After breakfast pains cease: Fluor. acid.

After breakfast, weakness, relaxation: Brom., digit., nux v.

After breakfast, weariness: Brom.

After breakfast, bruised sensation all over: Brom.

After breakfast, vertigo for an hour: Selen.

After breakfast, headache: Bufo., lyc., nux m.

After breakfast, headache ceases: Fluor. acid.

After breakfast, foul breath: Crotal.

After breakfast, swallowing: Zinc.

After breakfast, nausea: Bell., *cham.*, kal. bichr.

After breakfast, vomiting: Borax., daphne.

After breakfast, nausea and pyrosis early, better after breakfast (during pregnancy): Bov.

After breakfast, diarrhœa: Alum., arg. nitr., borax., thuja.

Before breakfast, daily foul smelling diarrhœa stools: Thuja.

Before and after breakfast, cutting in stomach: Kal. c.

After breakfast, pains in liver: Graph.

After breakfast, palpitation: Phosph.

After breakfast, chills: Therid.

After breakfast, heat: Petrol.

After breakfast, sleepiness: Lach.

#### NOON.

Ailments at noon: Ang. spur., arg.

Aggravation at noon: Alum., *arg.*, ars., carb. v., cic., kal. bichr., nux v., phosph., stram., valer., *zinc*.

Increasing morning till noon, decreasing when sun goes down: Acon., glon., kal. ferr. cyan., spig., stram.

Weariness, relaxation: Carb. v., nitr. acid., phosph., teucr.

Bodily weakness: Zinc.

Mental and bodily exhaustion: Carb. v., phosph.

Cheerfulness and good humor (also in the evening): Zinc.

Sorrowfulness: Zinc.

Irritability and anger: Zinc.

Vertigo: Arn., magn. m., magn. s., natr. s., nux v., phosph.

Headache: Arg.

Headache from noon till evening: Silic.

Loss of appetite: Murex.

Increased appetite: Lact., mez., natr. m., nux m.

Hunger, bulimy: Mez., nux m.

Sleepiness: Agar., aur., bry., *chin.*, dros., ol. an., sep., tabac.

Moist coryza: Cin.

Fever: Ant. cr., asar., borax., calc. c., kal. c. lobel., magn. c., spig., stram.

Chills: Elaps., kal. c., lobel., puls.

Chills from noon till 2 p. m.: Lach.

Chills at 1 p. m.: Cact.

Chills from 1 to 2 p. m.: Ars., eupat. perf.

Chills at 2 p. m.: Cal. c.

Sweat: Acon., cinnab.

Heat flushes about noon: Bell.

Before dinner (at noon) relaxation: Silic.

Before dinner, yawning: Merc. s.

Before dinner, sleepiness: Lach.

Before dinner, dryness of mouth: Nit.

Before dinner, chilliness: Sars.

During dinner, fainting: Magn. m.

During dinner, heat: Lauroc.

During dinner, sweat disappears: Phosph.

During dinner most ailments pass off: Anac. orient.

After dinner, worse: Alum., ars., cact., ignat., jugl., nux v., phosph., valer., *zinc*.

After dinner, most ailments appear: Valer.

After dinner, new ailments: Alum., cact., ignat., nux v., zinc.

After dinner, some ailments cease: Natr. s.

After dinner, apparent cessation of some ailments: Laur.

After dinner, weariness: Ant. cr., asar., bov., mur. acid.

(To be Continued.)

REPORT OF SEVERAL CASES OF MALIGNANT PUERPERAL ENDOMETRITIS TREATED WITH THE 30th DILUTION.

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In the spring of 1874, as all physicians in active practice in this city at that time will doubtless remember, there occurred a particularly severe epidemic of what I then regarded as malignant puerperal endo-metritis. Under allopathic treatment a very large percentage of this class of patients died, and among those who treated their patients homœopathically the success was not such as could have been wished. Preceding and also contemporary with this epidemic of puerperal fever there appeared a rather malignant type of scarlet fever, and later on a severe form of diphtheria. Whether the poison from the scarlet fever and diphtheria cases spreading in the atmosphere had anything to do with the puerperal condition is a question which is not yet fully and satisfactorily settled. It is not the purpose of this brief paper, however, to discuss the subject in this aspect, but simply to call the attention of readers to several cases in the narrator's own practice, stating the remedies used in his first case, the unfavorable result obtained, the change subsequently made in his prescription from a very careful study of the symptoms presented by the disease, and a thorough search of the materia medica to find the most complete similitum, and the entirely favorable, not to say remarkable, results uniformly obtained from thenceforward using the single remedy chosen in the 30th attenuation.

My first case was a primipara, about 24 years of age, of an excellent constitution, free from all dyscrasias so far as one could judge from her being always in a splendid state of health, and very seldom requiring medicine for any of the slight ailments to which all are occasionally liable. The period of her gestation was almost entirely free from the annoying symptoms so common to the pregnant, and the only drawback to her complete happiness was a strong mental impression that she should "never live through it," to use her own expression when referring to the time of delivery. However, like a sensible woman, she did not allow this

impression to weigh upon her spirits, or influence her conduct, in the slightest degree.

Her labor, which lasted about six hours, was in all respects natural, and not at all severe, and the issue of it was as pretty a pair of twins as I ever saw, weighing nearly six pounds each, and in all respects perfectly formed and apparently healthy. The placenta and appendages were carefully removed, especial pains being taken that no clots or debris were left either in the uterus or vagina, and after seeing that all minor duties were properly attended to, with the usual mutual congratulations I left the house in a very contented frame of mind. At each of my subsequent visits, which were made three or four times a day, I found the patient very comfortable, and doing well in all respects, until on the third day, when, like a thunder-clap out of a clear sky, there came a sudden and terrible change. There was a sensation of chilliness, with thirst, great prostration, followed by a sensation of internal heat with actual coolness of the surface, no appearance of any lacteal secretion, the lochia suddenly took on a grumous appearance and very offensive odor, the pulse, from being nearly natural in strength and frequency, rose to 130 and was weak and thready, and the temperature rose to nearly 104. In less than two hours the countenance resembled very closely that of a case of collapse in cholera; at the same time there was an absence of all diarrhœic symptoms. There was not, and had not been, any marked or unusual pain in the uterine region, nor any tenderness of the abdomen generally, other than naturally accompanies every case of labor.

I at once prescribed arsenicum 3d, with the use of antiseptics and disinfectants externally, and insisted on an immediate consultation, requesting the privilege of calling in two of the best known and most experienced physicians of our school. They came, approved of what had been already done, advised the continuance of the same treatment, with the addition of *stimulants*, with which advice I complied, but their prognosis confirmed my own previous impression that my patient was bound to die anyhow. At their next visit with me, on the



following day, there being no improvement in the condition of my patient, I was advised to give secale and kreosote, continuing the use of stimulants. Notwithstanding all our efforts, the patient gradually sank and died on the fifth day after her delivery. Her death was very quiet, her mind being clear to the end, and her body free from any severe pain, as it had been throughout her brief illness.

This case made such an impression upon one of the consulting physicians that he determined not to attend a patient of his own who expected to be confined in about a week, and he immediately sent her word to that effect. I also had another case of confinement due in about ten days, also in a primipara, but I saw no reason why I should refuse to render my services in this case, on account of any danger to be apprehended from my having attended the other. Meantime I devoted my spare time to searching the materia medica for a remedy which, from its symptomatology and what I could determine of its action considered from a physiological and pathological basis, would present as complete a picture as it would be possible to find of the case already had under treatment with so unfortunate a result.

In due time I was called to attend this second patient, and like the other there were no untoward symptoms connected with the labor. All went along naturally and smoothly to the end, but the result varied in this one respect, that there was only one child born instead of two, and the mother remarked, when I told her of the twins, that "*one* was quite enough for her." In this case every thing proceeded in as natural and promising a manner as could be desired until the fourth day, after the milk in good supply had made its appearance in the breasts, when suddenly there came here also a change. There was the same chilliness, sinking, thirst, coolness of surface, rapidity and smallness of pulse, rise of temperature and offensiveness of odor and grumous quality of the lochia as in the former case, only the symptoms were all rather less marked and there were more signs of an effort in the system to react. In addition we had in this case an immediate and total suppression of the lacteal

secretion. Here, too, there was no special pain, no marked tenderness of the abdomen, and no diarrhœa.

Before prescribing at all myself, I went at once and brought in consultation one of the physicians who had seen the previous case. He examined the patient carefully, advised in this case bell. and arsenic in alternation, with the antiseptics and disinfectants as used before, but in private shook his head and said: "I think this patient will die." He saw the case with me for two days, and each day I presented what I believed to be the claims of the remedy I had studied out, but my friend could not see them in the same light I did, and would not agree as consulting physician to its use; if I chose to take the responsibility alone, I might do so. The third day, in the morning, the patient was evidently worse. Our consultation was to be held in the middle of the day. At that time my friend acknowledged that what we were then doing availed nothing, and advised other remedies; I forget now what they were. Again I pressed upon him the remedy I wanted to give, but he was still unwilling to consent, saying it "could not possibly do any good;" but he made this compromise, viz: I was to call again early in the evening, and if I saw no change for the better, I would then give the remedy of my choice on my own responsibility. At my evening visit, about 8 o'clock, I found my patient, as I expected, no better, but on the contrary, rather worse, and the husband and relations, not without reason, becoming very much alarmed. I put aside all other medicine, and mixing 20 drops of sepia, 30th dilution, in two thirds of a goblet of water, ordered a desert spoonful given every hour until they saw some effect produced; then the same dose every 2 hours until my morning visit. On my way home I stopped at the office of my consulting friend, and informed him of my having left sepia 30th, at which he indulged in a hearty laugh, and said: "You might just as well have given so much pure water for all the effect you will get from it." However, he agreed, considering the anxious state of the family, to meet me at 9 o'clock the next morning. When

we went into the sick room to examine our patient, we could hardly credit our own eyes, the improvement was so marvelous in the short space of 13 hours. The countenance was bright and clear; the pulse was below a 100 and quite strong; the offensive odor and grumous nature of the lochial discharge had almost entirely disappeared; the breasts were again filling with milk, and all the symptoms correspondingly improved, so that even the husband and friends, without waiting for our professional opinion, gave very decided expression to their belief that the patient would now get well. She did get well in about ten days under the action of *sepia* 30th every 4 hours for two or three days, then 3 times a day; and the cure was completed with a few doses of *china* 3d, and a generous nourishing diet. My consulting friend always denied that this happy result was produced by the medicine. His notion was that the *disease itself* took a favorable turn from some unrecognizable cause, and that the patient would have got well anyhow.

During the remainder of that epidemic I attended several other cases of just the same general character, but of varying degrees of intensity, and in each case depended entirely upon *sepia* 30th *dilution*, and uniformly obtained the same favorable results.

According to the latest views of "*the scientists*" in our school, my friend was correct; for "as there *can be no medicinal* power in the 30th alternations of any drug, I gave *no medicine* at all. Here let me state *the fact*, that in one or two of my subsequent cases, I gave *sepia* in the *lower preparations* without producing the prompt and marked relief which I invariably obtained from the 30th dilution, and each time returning to the 30th, effected the desired result.

#### GYNÆCOLOGICAL NOTES,

BY

PROF. MARY A. BRINKMAN, M. D.,

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Dr. H. M. Sims reports a rare case of Multiple Neuromata following removal of the Ovaries for Epilepsy, (*Am. Jour. Obst.*, Mar., 1886.) The patient had en-

joyed perfect health until marriage three years ago. She returned from her wedding tour a nervous wreck, suffering from vaginismus, which was followed by intractable ovarian neuralgia. She became pregnant and with its advance the nervous excitement increased to convulsions, three or four daily. They continued after the birth of the child. Laparotomy was followed by rapid recovery. Both ovaries were enlarged to cystic. When she was able to sit up she could not bear the weight of her clothes on account of localized pain in the abdomen. Examination revealed groups of modules beneath the skin. They were dissected out microscopically; they showed nothing but masses of fat in the centers of which new collections of what looked like cicatricial tissue inclosing nerve-filaments.

Dr. H. M. Sims also reports a case of Ventral Hernia following laparotomy operation and cure, (*Am. Jour. Obst.*, Mar., 1886. Patient 28 years old. Laparotomy performed for the cure of dysmenorrhœa and periodical attacks of hystero-epilepsy, evidently due to a cystic ovary. The operation was complicated by about four inches thickness of adipose in the abdominal wall. She neglected to follow instructions as to wearing support and avoiding exertion. A year after the operation a small ventral hernia appeared which developed enormously. On opening the abdomen a hernial ring ten inches in circumference was found. A mass of intestine firmly matted together was within the sac, so that it was necessary to tear it away. The operation lasted four hours and seventeen minutes, as many as one hundred and fifty bleeding points being tied. An elliptical piece of skin was excised, and the edges of the peritoneum united by Lambert's suture; the muscles and fascia were then brought together separately with catgut and silver wire. The patient made a perfect recovery.

Dr. B. F. Baer exhibited before the Obst. Soc. of Philadelphia, (*Am. Jour. Obst.*, Mar., 1886), a small fibrous tumor which had undergone calcareous degeneration. Patient 60 years old; general history that of uterine hæmorrhages for fifteen years. She continued

to menstruate until 57 years old. A year later she suffered from severe uterine tenesmus followed by severe "flooding," with frequent recurrence of hæmorrhage up to the time of operation. The case had been looked upon as cancer, and had been abandoned to the fate of such cases. She had a marked cachectic appearance, and there was an odor very like that of cancer. Dr. Baer made a thorough examination of the case under ether. The cervix was smooth and soft, os potulous and there were several mucous polypi hanging from it. There was a fœtid muco-purulent discharge. The polypi were removed. The sound discovered numerous vegetations; at the fundus was a hard gritty mass. The cervix was dilated and the finger confirmed what the sound had led the Dr. to infer. The vegetations were removed and the hard mass pried out with one blade of a polypus forceps. It proved to be a fibroid tumor which had undergone calcareous degeneration. The entire surface of the uterine cavity was cauterized with fuming nitric acid. The patient has had no hæmorrhage since. The Dr. states that the case is of value, as showing the fallacy and danger of neglecting cases of metrorrhagia. First on the theory that the hæmorrhage is due to the change of life, and therefore, physiological, and second on the supposition that because the hæmorrhage come on so late in life, it must necessarily be the result of malignant disease.

Dr. William O. McDonald, of New York, gives the results of Alexander's operation as performed by himself, (*Hom. Jour. Obst.*, Jan., 1886). His first case was a married woman twenty-six years old, with double cervical laceration, the result of childbirth. Retroversion pronounced. The ligaments could be made to run easily, they were drawn out two and a half inches and the uterus was held close against the anterior pelvic wall. The capacity of the bladder seemed to be diminished by the new position of the uterus, and the catheter was used once in two hours. An attack of phlebitis of the superficial veins of the left calf occurred the third week which the Dr. believes to be a sequence of the operation. Six months later she had pronounced varicose veins

in the left lower limb. The operation was done in February, 1885, in May the uterus was still up against the pelvic wall; in August, 1885, she had relapsed retroversion and prolapsus much worse than before operation.

The second case, an unmarried woman twenty years old; there was scanty material representing ligaments; the organ was free and easily reducible; at the end of two weeks, the whole condition was reproduced.

The third case, unmarried woman, æt. 24, with old reducible retroversion. A month later the operation proved an utter failure. Mundé reports one successful case and three failures.

Out of twelve selected cases taken at random, four were found in which the operation was a suitable experiment; of these one died of pyæmia; one suffered from phlebitis; one assured success and one a month old. Dr. McDonald says, that accepting the reports of Mundé, Polk, and Coe, as authentic, and knowing his own cases to be exact, he finds it difficult to believe that Dr. Alexander's book presents serious sober truth. With the light he has at present, he is inclined to condemn the operation, excepting, perhaps, cases of retroversion of uterus with co-existing prolapse of the ovary into the cul-de-sac.

Two cases of myelitis following pelvic cellulitis reported by Landon Carter Gray, M. D., in *Am. Jour. Obst.* April, 1886, are of interest. The first case presented a history of irregular and painful menstruation. The sound had been passed six or seven times by her former physician for the purpose of dilating the internal os. Soon afterward inflammatory symptoms developed. When Gray first saw her, Oct. 16th, she had been ill six weeks. The whole pelvic cavity was found to be filled with inflammatory products. The abdomen swollen and painful to pressure. The pain was along the sound ligaments—the whole pelvic circumference and down the sciatic nerves to the knee joint, so that the patient could not turn on either side, and could only be partially raised in bed. The cavity of the uterus was somewhat shortened by long pressure. On Nov. 1st, fluctuation was apparent; symptoms aggravated; gastric



disturbance increased; pains had extended below the knee, and bed-sores had begun to develop. Stools contained pus and blood, and were preceded by a chill. On Nov. 7th, Dr. T. G. Thomas was called in consultation, and decided that an operation would be useless. There was paralysis of the left lower limb, and partial paralysis of the right one. On Nov. 13th, she was completely paralyzed in motion in both lower extremities, while the upper were paretic. There was entire loss in the lower extremities of the tactile and muscular senses; marked impairment in appreciation of heat and cold; and decided retardation in the conduction of painful sensations; moderate impairment of the tactile sensations of the upper extremities; tendon-reflex of the quadriceps nil. There were troublesome bed-sores; a well marked cincture feeling around the abdomen and thorax, and great pain in the lower extremities. There was urinary retention and obstinate constipation. Death Nov. 21, from convulsions and coma. Up to the time of the final coma, the sensorium remained entirely clear. Permission for autopsy could not be obtained.

Case 11. Married. Age 30. Admitted to St. Mary's Hospital Sept. 9, 1884. Patient had been in good health until six weeks before, when she had a miscarriage, followed by pain, sense of weight, etc., about the womb. About three weeks before admission to hospital, she became aware that she was gradually losing power in her lower extremities. She had to be assisted over uneven places, up and down stairs, etc. These symptoms increased. She was unable to walk. On admission, there was found to be absolute motor paralysis of both lower extremities; such motor paralysis of the upper extremities that she could only flex the fingers slightly; paralysis of the trunk muscles. The tactile temperature, and muscular senses were almost totally gone in the lower extremities and generally impaired in the upper. The sense of pain in both upper and lower extremities was unimpaired. There was urinary incontinence but no rectal paralysis. Great sense of constriction about the abdomen up to the height of the sternum. Dr. John

Byrne made examination, and found evidences of pelvic cellulitis. Dec. 10, three months after admission, she could control the bladder. On the 20th, could move the right hand. Jan. 5th, could sit up in bed, but not until July, ten months after admission, was she able to walk. The present condition is as follows: She can walk a short distance; she can sew; do household work; but the grasp of the hand is still weak. The tactile, temperature, and muscular senses are still greatly impaired. There is still a peri-uterine inflammatory condition. She left the hospital long before she should have done so to return to a life of abject poverty.

Gynæcology in Germany. (Hofmeier, *Am. Jour. Obst.*, April, 1886.) The operative removal of malignant ovarian tumors. E. Cohn, assistant at the clinic, has collated 100 cases of malignant ovarian tumors operated upon by Schroeder, especially with a view to the determination of the prognosis. In the course of nine years, among 600 ovariectomies, there were about 100 of these operations, so that there is about one malignant tumor to every six ovarian tumors. Of these operations 86 could be completed, 14 remained exploratory incisions owing to the frequency of relapses and their tendency to carcinomatous degeneration, papillary cysts are, from a clinical standpoint, included among the malignant tumors. Of those operated upon, 19 died, 3 of which after the exploratory incision. There were permanently cured (taking one year of perfect health as the lowest limit), 19 or 19.5 per cent. of the completed operations. As far as could be ascertained, 17.3 per cent. of these died of relapses. Of those who died directly of the consequences of the operation, two cases are particularly notable by the fact that within three weeks after the operation, so rapid a carcinomatous degeneration of the entire peritoneum had occurred that it was transformed into cancerous masses nearly an inch in thickness. With reference to relapses, sarcomas are most favorable and papillary cysts most unfavorable. In one case the relapse after carcinoma did not occur until seven years later. The patient died a year and a half after the second exploratory incision.



In another case, a relapse occurred after three years, and by a second operation eight additional months of health were procured. In view of the absolutely unfavorable prognosis of this disease, the result of operative treatment does not appear bad, even if only temporary success is attained. On the other hand, owing to the very great frequency of malignant degeneration (1 : 6), the earliest possible operative removal of ovarian tumors seems to be positively indicated.

The results of the operative treatment of cervical carcinoma were collated from the same clinic. Duevelin's reported that of the last 59 total vaginal extirpations by Martin, only 5 had died. This figure was increased by Martin himself by 21 additional cases, with 2 deaths, so that he had lost altogether, of his last 80 vaginal hysterectomies, only 7 or 8.5 per cent. As appears from the publications of the last few years, the view seems to be gaining ground in Germany that in cases of cervical carcinoma, total extirpation of the uterus is the only admissible operation—a view which has always been opposed by our clinic. To find out the permanent results, all but 6 cases operated upon at the clinic have been collated; as the permanent result alone can decide in what forms of carcinoma partial extirpation will suffice. In the earlier stages three forms are to be distinguished. Epithelioma of the cervix, the most frequent form, this extends early to the vagina, but comparatively late to the uterus, hence remains local for a long time. This is the form to which partial extirpation is pre-eminently adapted. A second form is adenoma of the cervical mucosa, which tends to ulceration, easily spreads to the uterus, along the mucous membrane and leaves the vaginal cervix long intact. This form is slow in giving rise to symptoms, often not until the entire cervical tissue is destroyed. A third form begins as a circumscribed cancerous infiltration of the tissue of the cervix and finally ulcerates through toward the outside or inside of the cervix. The two latter forms as a rule require total extirpation. The statistics following are of cases operated upon more than three years since—of 145 cases 20 died (10 partial, 10 total extir-

pation). The fate of 7 remains unknown. The percentage of cures sinks from 51 after the first year to 40 after the third year, a circumstance which is to be placed chiefly to the account of the total extirpation. A careful examination of the cases shows that in only four instances after the supra-vaginal amputation did local relapses occur later than one year subsequent to the operation, 5 cases of relapse occurred after the end of one year, and were quite independent of the uterus of those treated by total extirpation; 7 out of 14 showed relapses in the second years. After two years, out of 25 operated upon, 6 were still healthy, thus justifying the total extirpation under all circumstances. From the figures obtained it appears that partial extirpation in cases of epithelioma of the cervix is sufficient to effect a radical cure. Between Oct. 1, 1878, and Jan. 1, 1886, there were performed at our clinic 118 partial extirpations of the uterus, with 10 deaths; the last 56 with 3 deaths. During the same time 48 total extirpations were performed, with 12 deaths; the last 20 with 4 deaths. The settlement of the question of operation appears of special importance with reference to the doctrine which is particularly prevalent in America, namely, to abstain from any operative treatment of uterine carcinoma.

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RELATIONS OF PUERPERAL ECLAMPSIA TO BRIGHT'S DISEASE.—There is a second class of cases in which, in my experience, the prognosis is invariably fatal. A girl of eighteen or twenty, with Bright's disease, who subsequently marries, is almost certain to die in her first confinement. This is an exceedingly important practical point with reference to the question of marriage of girls with Bright's disease. If a woman has had two or three children, and then acquires Bright's disease, although the condition is more dangerous than where the renal condition comes on during pregnancy, she still has a chance of getting as near well as she was before she became pregnant. The probabilities are, however, that the kidneys are left a little more damaged than they were previous to pregnancy. The renal disease is better than it was during pregnancy, but a little worse than it was before preg-

nancy. It is not so with the primipara who had Bright's disease before marriage. Her marriage-bell is her death-knell. In a case, however, where there probably was no affection of the kidneys previous to pregnancy, there is every reason to believe that recovery will be complete.—*Med. News.*

**MENTAL HYGIENE:**

**WORK AND OVERWORK.**

BY

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Diseases of the Mind, Will and Memory have been enumerated by several writers among "the ills that flesh is heir to." It is a question whether aberrations and infirmities of this classification should be considered as belonging in the category of corporeal ailments; nevertheless, whatever view we may take of that matter, whether metaphysical or materialistic, it is certain that there is an intimate relation of mind and body, which brings the subject of mental disorder legitimately within the purview of medical observation. Perhaps, however, before beginning the discussion of the subject of what is denominated *Mental Hygiene*, we ought to define carefully what is signified by the expression. It is a curious fact that in the principal European languages, ancient as well as modern, the several terms pertaining to the psychic being are used in a diversity of senses, making it often hard to comprehend what the writer really means. The words soul, mind, intellect, spirit, reason, intellectual, intelligible, all have a double set of definitions and some of them three or four very different ones in our lexicons, and the popular, and even the scientific meaning attached to them is far removed from the philosophic. Many writers have the habit of dragging words of high import down to a lower use, and the dictionaries minister to this vulgarizing of language. The more materialistic the habits of thinking, the fewer are the specific entities which are recognized as belonging to the psychic nature. Reasoners from a higher mental altitude difference their expressions more carefully. A philosophic thinker never

confounds the spirit with the soul, nor regards either as simply an emanation or development from the corporeal substance. The soul is the essential selfhood and not a mere outcome of corporeal or cerebral matter; and the mind, as distinguished from the noëtic or intellectual principle, is about the same as the understanding or logical faculty. It is necessary to the present purpose that we make this nice distinction. The overmind or pure intellectual principle, which was also called the *spirit* by the Hebrew sages, is discrete to such a degree as to maintain all its energies when the body is exhausted by fatigue, and the senses are locked up in profound slumber. "It seems to have its relaxations and amusements and to exert its highest faculties," says Doctor R. B. Westbrook, "when the physical organs are in a state of repose. It is not probable," he adds, "that the mind of man ever grows weary and exhausted."

This is true enough, as we will readily perceive when we consider that this is the higher entity which is most at home about the topmost story of the brain, and to which we must refer "those laws, principles and processes, which," Professor Tyndall declares "do not address the senses at all, but which can be spiritually discerned." It alone performs or is characterized by intellection, and the capacity for the higher orders of knowledge, as distinguished from the power to perceive and imagine. In brief, it is the principle of Intelligence itself. The process which is with doubtful accuracy denominated Unconscious Cerebration, pertains to this overmind or higher reason, apart, in a great degree at least, from the physical structure. That essence which knows, always subsists, we are assured by the great Athenian.

The understanding, however, is a faculty of a lower plane, and somewhat different in nature and function. It compares, reasons and judges from hypotheses, without going beyond to principles themselves; and is therefore limited in its powers, partial rather than integral, and subject more or less to bodily conditions. It holds sway over the department of conjectural and empirical knowledge, which is now technically denominated Science. This is the

mental or *phrenic* principle of the soul which is commonly known as the mind. It is in intimate relations with the bodily organism, participating in its various conditions and infirmities, growing and decaying with it, and influenced by discipline. Hence the exhortation of Paul to the Corinthians : "Become not little children in understanding (*phrenes*) ; but in evil be ye babes, and in understanding become perfect." So, too, the chief queen Atossa addressed her husband Darius, when she sought to incite him to war with the Greeks : "As the body grows in strength the mind (*phren*, not *noos*) too ripens ; but as the body ages, the mind's powers decay, till at last it becomes dulled to every thing."\* The old writers on physiological topics used to describe it as having its corporeal seat in the upper and middle region of the physical structure, and particularly where the solar ganglion and its chief plexuses are situated. "That part of the soul which partakes of manly quality and spirit and loves contention," says Plato, "the gods seated nearer the head, between the diaphragm (*phren*) and the neck ; as it is the business of the higher reason to unite with it in forcibly repressing the desires whenever they will not obey the word and mandate issuing from the citadel above."

He seems to have had a distinct conception of the relations of this part of our nature to that nervous system which has its seat in that region of the body, and also, of the influence of that system upon the blood and its circulation ; as the following quotation will show : "The nerves are distributed into the blood in order to preserve it in proper proportion of thinness and density. They preserve the vessels in good health by an innate principle of nature."

So intimate is the alliance between the bodily and psychic organisms, that authors very generally consider them as animated by a common vital principle. Herbert Spencer says : "Though we commonly regard mental and bodily life as distinct, it needs only to ascend somewhat above the ordinary point of view to see that they are subdivisions of life in general, and that no line of demarkation

can be drawn between them, otherwise than arbitrarily."\* M. Ribot, the eminent French writer, accepts this doctrine in its lower phases and places the whole selfhood, the will and character, in bodily conditions. He declares that "voluntary action presupposes the participation of the whole group of conscious or sub-conscious states which make up the *ego* at a given moment ;" physiologically, it is the result of the entire nervous organization. "So little," says he, "so little is the will like a faculty controlling as a master, that it depends momentarily upon the most trivial causes; it is at their mercy."† Except in his casual mention of subconscious states, M. Ribot entirely overlooks any mental principle, except as what he denominates "a very plain fact of experience." He has fixed his attention so long upon the negative side of nature and evolution, that he seems to have wrapped his own understanding and become incapable of perceiving any thing above it. He is totally oblivious to the fact that where there is a truce of conscious intelligence, we have a set of phenomena that the materialistic hypothesis can in no wise account for.

Mental Hygiene, therefore, to be intelligent, must be considered with reference to the twofoldness and polarity of the psychic nature. To magnify the Laws of Nature as supreme and paramount, is to take a circumscribed view of the facts. Yet to ignore them will be folly in the extreme. Too much preaching without due regard to physiological living is as certain to result in leanness and physical depravity, as the incessant harping on natural laws is sure to close the understanding against intelligence. Physics muddles the faculties as badly as metaphysics, from the analogous cause of one-sidedness.

We may and must consider the animal life of the body as very closely and intimately related to the observing faculty, the memory and imagination, not to say the reasoning or dianoëtic faculty, though it be objective to the superior intelligence. It is proper and necessary therefore in treating of mental disorder or disturbance to consider also the patho-

\* HERODOTUS : III., 134

\* *Principles of Physiology* page 337.

† *Timaios*, 67,



logical conditions of the body. Doctor Jahr, with equal propriety, declares that we should refer such conditions to moral and psychic causes. He says: "We are to regard every given case of disease less as a local affection of this or that organ causing a general derangement in the organism, than as a consequence of a disturbance in the principle which governs and preserves in harmony all the vital functions of the body."\*

However we may reason, whether as mere scientists or as philosophers, whether we regard the soul or mind as developments from physical substance or as the energy which organizes and sustains the corporeal structure, the office of the nervous system is alike recognized. Through this agency the mind acts upon the body, and the body in its turn reflects its conditions upon the mind. They operate together and are at one with each other as cause and effect, the echo with the sound. When the correspondence is complete, the individual is in health—he is whole. When there is any interference, the psychic nature is in a state of unrest; there is *disease* as the result of *disorder*. The vital tone of the body is lowered, and its physiological functions more or less disturbed. Chemical forces which had been in subordination to the vital principle become more efficient and begin to destroy. The nervous structure is first to denote the presence of the morbid influence. Hence all forms of unhealth are attended with more or less of nervous disturbance, with attending vitiated state of the blood, and abnormal psychic phenomena.

The sound mind in the sound body is therefore the condition of perfect normality. Ill health means unfitness for work and disqualification for higher moral conditions. That was a reasonable criticism of Henry Ward Beecher that the individual that had a dyspeptic stomach could not be a good Christian. The piety which is born of pulmonary consumption has few merits beyond that which is frequently exhibited by felons at the foot of the scaffold. It would seldom appear to view in either case if the individuals should be set at large or restored to usual good health. The rope

and the tubercle are hardly normal persuasives, or effective developers of a wholesome spirituality.

We should bear in mind, therefore, that all nervous and mental disorders are closely allied. They merge into one another with surprising facility. Doctor J. C. Davey, of Bristol, England, for many years the medical director of an asylum for the insane, declares as follows: "Apoplexy and epilepsy pass by insensible gradations into each other; and the latter, I think, may be considered as an *apoplexy*, in which the excitomotory, or true spinal functions, are more palpably affected. Hydrophobia, tetanus, delirium tremens, hysteria, chorea, including some forms of paralysis, and particularly that common to the insane, are doubtless more nearly allied than has been hitherto considered. That the external signs or symptoms of the several disordered conditions named are very properly referred to the cerebro-spinal organism is most true; but the *integrity* of this structure (the cerebro-spinal organism) is, without doubt, dependent on the normal condition of the organic nervous system; and if so, it must follow that the various diseased conditions of the same structure, call them by what names we may, are to a great extent referable to it, *i. e.*, the organic nervous system."

So convinced was Abernethy of this fact that he asserted as his conviction that in tetanus and all nervous affections it is a most material point to operate on the brain through the medium of the digestive organs; and that the producing of secretions from the alimentary canal has a more beneficial effect than other means. The digestive apparatus being most directly connected with the plexuses of the ganglionic system which sustains the brain and its dependencies, the soundness of this observation is obvious.

There has been a tendency to overlook the fact that the brain itself is as much supplied with the organic or ganglionic nervous system as any other internal organ, and will consequently manifest disorder when this part of the nervous structure is seriously affected. We may, therefore, proceed at once to the fundamental principle, and consider it established that debility is at the root of the great multitude of nervous and mental

\* *Diseases of the Will*: Chap. I.



disorders. Insanity is accordingly to be regarded as essentially a disease of debility. There is imperfect and deranged conditions of the digestive and secretory organisms. The vital centers and organic nervous systems are impaired in function. So generally is this the case that it is necessary to direct the remedial treatment to that part of the physical economy if we are endeavoring to restore the patient to normal health and rationality.

Mental Hygiene therefore embraces the peculiar regimen and discipline which will maintain the faculties of observation, memory, comparison and imagination in the most perfect condition and give the various aptitudes and sentiments their fullest legitimate field and energy. Any faculty or sentiment denied its proper range and activity is thereby enfeebled, and so the whole character to a degree perverted. Every constituent of human nature should have full development. "To prepare us for complete living is the function which education has to discharge," says Mr. Spencer; "and the only rational mode of judging of any educational cause is to judge in what degree it discharges this function."

It is not well, however, to understand education to mean simply schooling and the imparting of learning by means of books and teachers. It hardly means this at all. It denotes evolving, developing and bringing into activity the faculties and energies which are latent and inchoate in the mind and character. A well-trained man is educated; the graduate of a college or university is not, when the disciplining process is incomplete, however full his memory may be of the rules and utterances in text-books. Indeed, when we are at school or hearing lectures, we are finding out how and what to learn, rather than finishing our education. The activities and experiences of life are actually what educate us; and the individual will himself be finished when his education is.

To preserve mental soundness and equilibrium is the business of our lifetime. Neglect in this particular is a prolific source of woes. Luxurious and other ill habits of body have constituted favorite themes for moralists and philosophers. Idleness may be set down as most pernicious. It perverts the mind and

character as well as enervates the physical organism. Yet, on the other hand, the body is often more worn and worried by the mind, when it is kept unreasonably active, and proper care is not taken of it. In periods of passion, or exciting pursuits, it is driven without mercy and not spared. Many have considered it meritorious to goad and lash it in various ways, or to deprive it of needful repose and sustenance. This is bad ethics. A man should not bring his body to the transaction of grave matters, when it is dull and exhausted, but when it is the better for an abundance of repose.

The ox in the fable besought the camel to take part of his burden. The ill-tempered beast refused, and the exhausted animal fell dead. The master immediately loaded the disobliging brute with the body of the ox as well as with all the luggage. Studious men neglecting the wants of the body sin after a like analogy. They refuse the needful relaxation and comfort, till it becomes disordered; and then the mind becomes partaker of the bodily distemper. In vain are stimulants and medicines then used; they can not repair the mischief. Oftener they hasten the work of destruction.

Sir Edward Baines, having been elected to the British House of Commons, was assured by a predecessor in the office that he would never be able to sustain the labor and late hours, except by the use of wine. He consulted his physician, who told him differently: that however late the sittings of the House might be, he should every night lie in bed seven hours. Sir Edward declared that this advice was of more value to him than all the wine in the London Docks. He continued a total abstainer; and in consequence, he asserts, he was able to do almost as much work as any man in the House. He left Parliament absolutely unscathed, and all but unworn.

The moral of this example is excellent so far as relates to the use of alcoholic beverages, but its greatest value consists in the stress upon rest and fatigue. We can endure like giants so long as we keep within the due limit, avoiding fatigue and securing abundant rest. Work is the holiest and most fortunate of the conditions incident to human existence; overwork is a kind of suicide, and

the prolific source of woes to men. Two of the most notable men of New England, living within our own period, Horace Mann and Theodore Parker cut short their lives by fatigue. It was said by Mr. Parker that he performed three men's work at once. He studied every thing from mysticism to mineralogy, from philosophy to the lowest movements of physical life. He preached, lectured, investigated, and planned and wrought for a new religious Reformation. Thought and feeling, ecstasy and despondency, incessant nervous irritation wasted his strength; and consumption supervened. "This which you see is only the memory of me," said he to Frances Power Cobbe. He died at Rome, fifty years old; having been endowed with energy originally for double that period. So, too, with Horace Mann, rightly surnamed. George Combe warned him to contain himself, and stop the exhausting of his forces by fatigue. The labor which he performed was what no man ever did or could perform with impunity. He never took periods of rest, and seemed to live in protest against movements unemployed and hours spent in sleep. Twenty years were passed by him in such work and overwork; then he died, prematurely.

Fearfully long is the catalogue that may be enumerated under this head. It includes the increasing army of the insane; the paralyzed and imbecile, and likewise the innumerable host that consumption garners at the harvest of death.

It is fatigue that breaks down the fortifications and welcomes in the destroyer. Prodigious is the catalogue of maladies, the titles of which have been expanded by a morbid fancy beyond all reason, till the Adam of the pathologic Eden is worried by the profusion of names, exceeding those of the animals in Paradise. Unfortunate Greek language! tortured to utmost capacity to furnish these medical wisecracks with a nomenclature. Job, at his interminable work of printing, never suffered such a tax of patience. All these ailments, with their limitless profusion of names, come in through the avenues opened by fatigue. Ay, the contagions on which so much learning is ignorantly spent to explain them; cholera, small-

pox, typhus, and the more deadly scarlatinas and diphtherias—all are active from weariness and physical exhaustion. A person who is not faint and weary, having his vital forces thus exhausted seldom or never contracts any of these complaints. The same may be said of all those peculiar infirmities and alienations which are attributed in books to "a mind diseased."

Herbert Spencer wisely counseled the Americans to seek more recreation. The tendency of our present civilization is to withdraw population from the rural counties and mass it in the cities. Here the wants of life are multiplied, and the necessity for effort is more imperative. There is no rest, more than for the waves of the ocean. It is all the while a fever, and every one is heated by it, and more or less in chronic disturbance. Those who work are overtaxed, while those who have no work are worn out by worry. It is a whirlpool of excitement and a cesspool as well. The virtues and the vices alike—in other words, all the energies that are employed come to a rapid if not a forced maturity. Who may not work, except in the circle of the wealthy, can not eat; and whoever does work is likely to be taxed beyond his physical powers. There is said to be no soul in a corporation; and indeed it is in many cases a chartered and protected fraud. It may be added that there is little conscience in business. The prodigious expenditures for show and household equipment make it difficult for many business men to make both ends meet. A man must work like a slave to sustain a house and service, which minister little to his comfort. Its principal service to him is often as an advertisement to his business, and he becomes so interwrought into his work that he can not withdraw from it without risk of hideous maladies, like softening of the brain, paralysis, melancholia and the conjectured Bright's disease; so he must continue in harness to keep alive and have his existence tolerable. Hence, in the commercial towns, the relaxation, if such it may be called, is little better than added toil. The laborious effort for enjoyment would be often ludicrous if the real fact was not pitiful. The diver-

sions are as frequently severe taxes upon the strength as otherwise. The resort to alcohol keeps the blood in forced activity and precludes rest. The same thing may be said of the various stimulants employed, as well as of the mis-called sports. Rest and sober enjoyment in a home seems incompatible in a city. Many of the sudden deaths attributed to heart-disease are mere succumbings to exhaustion. The pitcher is broken at the fountain and the wheel at the well.

Country life is no more exempt from the evils of irksome toil. The innocence ascribed to it by poets and their imitators is much of it a phantasy. The same inordinate passion for display, and for wealth to sustain it, prevails there. The pernicious results are more marked. Men in middle-life are found distorted and stiffened in their limbs, making their motions appear ungraceful and mechanical. The countenances of the wives and mothers tell sad tales of toil, care and pitiless exaction, which makes the grave a resting-place. A larger proportion of the inmates of insane asylums is said to come from the rural households of the Northern States. Living without an adequate purpose, and work that is more like slavery than like honorable exertion, tend directly to that result. The sons of the agriculturists escape from the homestead to the town, whenever they find an opportunity. It is not to escape industry; for usually the the worker in the city, in clerkships and professions, is kept busy more hours, and even at more wearying employment than the countryman. But the faculties are more generally and more equally exercised; he is more generally developed, and does not overwork with one part of his nature, while another part is cankered with a mental rust from having no wholesome cultivation. The daughters, too, would escape if they had opportunity. Indeed, much may be said on that score.

The used key is always bright, poor Richard says. The man or woman having no legitimate employment, is of less value than the drone in the beehive or ant-hill. It is the law of the universe that every element and every individual shall be in constant motion

and in active relation with the others. The Mosaic precept: "Thou shalt love thy neighbor as thyself," is imperative in all worlds; it is the essential of heaven, and wherever it is disregarded there is hell. Our social structure, with its diversity of trades, vocations and handicrafts, is founded upon the necessity that each shall serve the others. Well, if it is voluntary, and cheefully done; but an iron bondage when it is forced, and reluctantly performed. The diseases of idleness and those which come from compulsory labor, are at once the worry, the opprobrium and the chief source of wealth to the physician.

Hence, imprisonment is really torture. La Fayette considered his solitary life in the dungeon at Olmutz a severer infliction than death. It tended to produce imbecility, and to excite an active mind to madness. It was this suffering which led his devoted wife to share his imprisonment, even when she knew that her own life must speedily become the forfeit. She died for her devotion, while he was thereby enabled to live to an advanced age. No wonder that he was thenceforth opposed to solitary incarceration of captives, prisoners of state, and even felons, as well as to murderous penalties. The steel had entered his own soul, and he was both too manly and godlike to be willing that others should suffer what he himself had endured and witnessed.

We have a variety of methods for the instruction of children, which aim at imparting the most knowledge at the least effort and expense; and which are lauded for the largest amount of cramming which can be successfully accomplished. Amid it all, there is a fearful lowering of vital stamina, a decay of mental energy, and more or less degeneracy of body. So unsatisfactory are these results, that while socialists are endeavoring to provide a system of compulsory education, our publicists and sanitarians are gravely considering whether our school-methods are not doing mischief physically and mentally, if not also morally, which more than counterbalances their benefits.

It was a notion of parents, formerly, that the feebler children and those esteemed less able to cope with the hard

experience of life, should be set apart for collegiate instruction and professional vocations. They had no conception of the painful delays and longings which characterize the period immediately ensuing after the close of the course of study, before an employment can be secured which will assure a comfortable livelihood. How often that suspense has converted the days and nights into so many sources of torture, wasting the vigor, and destroying in a great degree at least, what of ability had been obtained to perform properly the duties of the calling. The hardest work of the field or shop, is far less severe and wearing, than the anxieties and extraordinary exertions which the professional man encounters.

There is much to be said in regard to those who are abnormally sensitive. These are the ones who perceive and know what others are too obtuse to understand. They are like the fine steel which is the only article suitable for watch-springs, delicate implements, and instruments required for the highest uses, but which totally fails when made into axes or tools for coarser purposes. They feel privation and neglect, and suffer exquisitely when they meet rude manners and harsh treatment. Much that really is genius is possessed by such as these; and they are often like celestial sojourners in the earth, but their lack of tact, incapacity to endure, and other infirmities, provoke the wish that they were back in their native home. They are often the ones of whom the world is not worthy, but they are also not unfrequently those who are not worthy of the world. I would plead for them with all the power and eloquence that I may possess; for I love and esteem such as the true souls of which the earth has but few at any one time. Yet I can not shut my eyes to the fact, and deprecate it with equal earnestness, that they often exhibit a morbidness, and its kindred mental traits which are odious, unworthy, and which it is a sin not to correct.

(To be concluded.)

Dr. J. L. Cardozo, formerly of Washington, D. C., is now located at 337 West 31st St., New York.

## APOCYNUM IN ASCITES.

By C. C. HUFF, M. D.

Huron, Dak.

I have recently been very much interested in reading an article on the "Materia Medica of Ascites" in the *MARCH AMERICAN HOMOEOPATHIST*, and fortunately I have a case just now that has been under treatment for ascites, since Feb. 14th last, and as some of the symptoms of my case closely resemble the picture presented of an apocynum case, I ask leave to present it. I have no comments to make upon the means employed; it is possible, that I may have used therapeutic means that will not meet your approbation, nor that of some of your readers. But the means justified the end, and I cured the patient.

Following is the case:

Karl Johnson, æt 40. Swede laborer. Tall and spare, nervous temperament; he had been under old school treatment for a week previous to my seeing him. I found him in bed lying on the back, limbs flexed upon the abdomen, considerable dyspnœa, face pale, nose pinched, eyes sunken, cold sweat on the forehead, lips bloodless, pulse 55, temperature 96°.

Examination revealed an enlarged abdomen, tympanitic over region of stomach, dull over balance of abdomen the enlargement was flat on top, bulging at the sides, and the enlargement changed with change of position in patient.

Palpation gives the fluctuating feel of fluid. Bowels move frequently, stool light-yellowish and watery.

Urine very scant, full of sediment, and high colored, skin dry harsh and coarse, does not have the least symptom of perspiration except upon the forehead.

Appetite very poor, does not eat any thing and drinks a moderate quantity of water. Anasarca was prominent only by its being absent. Throughout the whole course of the disease there was no sign of it.

Feb. 4. Three days after I first saw the patient I drew off 14 pints of amber colored fluid with the aspirator which had the effect of reducing the abdomen to normal size and relieved the patient considerably. After the operation I placed him on apocynum case.

Feb. 11. He feels better. Pulse 72,



temperature not taken. Appetite returning, wants to eat; urine a little increased in quantity; abdomen not filling much, still it is increased somewhat. Apocynum cannabinum continued.

Feb. 12. Fells better to-day; looks brighter; urine not increased in quantity, but sediment is not so great; remedy continued.

Feb. 16th. Not much change, urine about the same; but much clearer. An analysis of urine gave the following. S. G. 1030. reaction acid, albumen, none, sugar none; color brown. Apocynum continued. Mar. 1 1886. Improvement has been steady for some time, he can sit up longer, and is gaining strength; the countenance has a muddy look to it, lacks a healthy color, his sleep is improved and the urinary secretion is much increased and has very little sediment; stools light colored, complains of pain in the hepatic region, abdomen decreased in size. Pulse 66, temperature normal. Remedy continued.

March 12 1886. Found the patient sitting up and dressed, looking much different from what he had, his skin was clear, and it had a healthy color, he was gaining in flesh. There was no distention of the abdomen. The kidneys were acting well and the quantity of urine was much increased though there was still some sediment. Bowels moved every day and did not cause him any pain. Appetite was very good, he was able to eat regular meals and enjoyed them. He was fast regaining his natural health and will soon be able to resume his occupation. During the whole treatment of this case I failed to detect the least evidence of anasarca, there was but little restlessness, and the debility was not marked; he drank when he wanted to, yet never to excess. Dyspnoea previous to aspiration; after that respiration was normal.

The preparation of apocynum cannabinum that I used was the one ounce to four of water, letting him take four teaspoonfuls a day.

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Dr. G. C. Blakelock has removed from New York to Stamford, Connecticut. His office will be at 53 Broad street

## PREJUDICE AND POTENCIES.

BY

R. B. LEACH, M.D.

Paris, Texas.

IN looking over the many journals that I will naturally accumulate in one's office I noticed the disparity of homœopathic opinion on potencies and the desire on the part of some for the derogation of others' convictions and this especially from some of the so called low potency men who evidently desire a limit put upon the statements by others who try, and often times succeed, in performing, so-called remarkable, cures with high potencies. Dr. Terry, in his presidential address to the New York State Homœopathic Medical Society, said in substance there should be a limit to potencies used, naming the 12x as such because we can not recognize them by our senses. He said: "that potencies higher than the 12x should not be recognized as homœopathic." Now if such arbitrary laws be instituted by a certain class of men calling themselves homœopaths to what schism shall those belong who have used, and used successfully too, and will continue to use the higher attenuations. I say what about these men who like Julius Schmidt, who relieved a lady in labor almost instantaneously by one dose of Causticum C.M. (*Advance*, April) or G. W. Sherbino, who relieved a lady suffering of bladder trouble," with Lillium tig. 30x, (*Advance* April), or Arthur F. Moore, who evidently cured a case of malignant scarlatina with kali bich. 30x (*Investigator* Feb.) or Benjamin Ehrman who with cleanly cut edges of similia to Capsicum cured his case with a few doses of that drug 200x (*Advance*, Jan.) and many another in which category I might humbly signify myself, who, with sulphur L. M., one dose produced the following letters of consolation for my trouble: March 12th 1886, "My legs hurts me some yet but I have taken your medicine (placebo) according to your directions and I am happy to say with a good result; I am better than I have been for several months," (this comes one week after the dose taken in office). again March 30th 1886, "I thought I would let you know how I am getting along, but not so fast

as at first, but I sleep more and better, I know I am better than I have been in two years." This with other cases might be mentioned to verify the action of high potencies yet this is not the entire subject. These are only introduced to show where the prejudice is, but from whence it springs I can not conceive unless it be that those promulgating only the low have tried the high at the wrong time, I mean, when they had not a correct similia to the case in hand ; in many or most of which cases might be affirmed, the low did not performed the cure but, like as we may say of allopathic medication, the patient lived through the medicine. For why not say this as to affirm that a higher potency than the 12x or one desirable through our physical senses does not cure. Might as well say of my case that this man after having suffered for several years being under treatment (allopathic) all the while and not getting better, simply came into my office at the correct time for my reputation to be established in his neighborhood. Why, this is like the allopathic talk, just like our old dean used to talk of the homœopathic : " they just come in at the crisis and they get the benefit of our medication," or like a case nearer home of a colored woman whose physician telephoned her mistress she could not live over night ; when we were called in and finding the case presenting to us no signs of dissolution or reasons why she should not pull through," prescribed, visited regularly, used what we considered the correct similia in various potencies and she still lives and now comes the doctor who meets the woman's husband on the street after a few days and says : "Why, John, I never said your wife couldn't live." "Yes ; you did," says John, "and them other doctors are gwine to fetch her through." "Why," says : the doctor, "its that last dose of medicine I gave your wife that's curing her." Where is a man's reputation anyway if this is the course of reasoning those take who shall offer an amendment to potencies ? To what school shall he belong, whose experience and readings teach him to use various potencies ? The first thing of potency importance I remember in my own experience was in the case of a particular friend whom my homœopa-

thic preceptor treated and was puzzled in thinking he had the correct similia and not getting desired results, that he called consultation. Consulting physician corroborated similia but said : "go up higher." 'T was done and the case rapidly improved to perfect health.

Now with all this before us and some other good ones (like A. H. A., quoted in severals journals as cured by sulphur 200x and who did not think his mountain of flesh could be so materially acted upon and controlled by such an inconceivably small amount of drug) there widens before us the chasm of unbelief on the one and prejudice on the other side, and ; then, what shall become of us, who may believe from actual experience, of self and others, in various potencies ? I say, shall we be consigned to this abyss of party strife and there remained overlooked by the two dominant dragons of opposition ; on the one side prejudice to high potencies and indubitable results and on the other of those who fear reputation—expect reaction to prove the correctness of their choice or are unbelievers like also their brothers of the ability to judge or the veracity in report of the unfortunates between fires.

Hahnemann himself would rather support the higher potencies for he says : (Organon, from memory) "the after effects of drugs in acute diseases usually sets in an hour or so and the severity of this, if the correct similia to the disease, depends upon the potency," and this I may verify again by a case in my own practice of antimenstrual headache most speedily alleviated, as the sequelæ shows, by Sepia 30x, one drop only, yet case reported in this manner ; only a few moments after administration of dose, patient said : "Doctor, I feel better already," and turned over upon her side and then within twenty minutes afterward, said : "Doctor, I'm no better, in fact I believe I'm worse," but she was not and began mending rapidly and in an hour was asleep and next morning smilingly saluted me at breakfast with—"all right this morning."

Dr. E. W. Berridge (*Homœopathic Physician*, April), states : "that patients have detected the medicine given them by its pathogenetic effects upon them," and so do we ; so with all this why ex-

clude high potencies (above the 12x) from over medicine cases just because a few, or even many just as good or even better physicians than we do not have the desired results from their administration; or shall we preclude those who use them with good effect or those who use the lower potencies only with like effect?

Certainly not, for provings have most certainly been effected with both, upon the healthy (E. A. Farrington *Homœopathic Physician*, Jan.) and upon the diseased (E. W. Berridge, *Homœopathic Physician*, April) and many of the latter have either been cured by both or else lived through the treatment and we may all say with Dr. F. F. Laird (*The Medical Institute*, March in his moral, "There are many remedies for cerebral hyperemia than are found in our text books," so there are more potencies, perhaps yet untried, which will allay pain and perfect cures than even our highest or lowest, hence why not publish results from all, excluding none for the proofs, certainly, are as strongly in favor of one as the other.

As I said once before in reporting a case, we should report not only the case but the potency used and how used, that not only the younger members may learn how to dispense our medicine, but may be the older heads learn if they will, that there may be efficiency in other than the potencies used and manner of administration by themselves. In reading the report on Cholera (*Southern Journal Homœopathy*, Feb.) by Dr. Cighano, I was very sorry to notice the potencies used were not also given for the report as it stands is incomplete though interesting as few others of like character to the believer in similia and supporter of and "bread winners" by the teachings of Hahnemann.

Let there not be this prejudice to the usage of other's proven convictions nor this attempt to amend the teachings and provings of homœopathy, but let all learn in his own manner, publish his convictions and the sea of homœopathic patients will increase through the contentment of their doctors to do their best for humanity in general, for their brother though credulity in each other's beliefs and experiences and for themselves especially by reading the experi-

ence of others, using their own judgment of the same and increasing their own mental caliber by so doing; for certain it is that breadth of caliber is wanted; and prejudice, egotism or agnosticism, has none.

#### SCUTELLARIA LATERIFLORA IN HEART DISEASE.

M. W. VANDENBURG, A.M., M.D.,

Fort Edward, N. Y.

OF the ten species of the genus *Scutellaria* mentioned in *Gray's Manual*, only two are marked "common, in wet, shady places," in New England and New York. The eight remaining species have a more southerly and southwesterly range. These two are *galericulata* and *lateriflora*. They grow in the same localities, often on the same spot of ground, and to the unskilled eye very closely resemble each other. This is owing to the shape and appearance of the flowers, and in fruit the calyx also. With a little care they are easily distinguished. *Lateriflora* is the species used in our materia medica. It has the flowers in *racemes*, like the currant, in the axils of the leaves; each flower on a short pedicle, with a bract at its base. The lower bracts are large, leaf-like, having distinct petioles; the upper sessile very small. But besides these axillary racemes, there are often terminal, one-sided ones on the same plant. This it is that confounds it with the *galericulata*, which has the flowers *solitary* in the axils of the upper, nearly sessile leaves. There are no *axillary racemes* in the *galericulata*. *Lateriflora* also has the leaves larger, longer (two to three inches), thinner, more pointed, much longer petioled, much more coarsely serrate and coarsely veined than *galericulata*, abruptly terminating at the base, green both sides; while *galericulata* has smaller (one to two inches) leaves, slightly heart shaped, the lower short petioled, upper sessile not coarsely veined, obscurely serrate, and a trifle lighter colored beneath them on the upper surface.

In New Remedies (p. 741 of *Therapeutics*), Hale says: "I have used *Scu-*

*tellaria* in many cases of *cardiac irritability, nervous palpitation*, etc. \* \* It has great power over *hyperæsthesia*." In his Symptomatology he gives :

"A dull pain extending beneath the sternum.

"Oppression of the chest, with a sticking in the region of the heart.

"Sensation of throbbing about the heart, with flushed face.

"Nervous disorder of the heart, such as irregular action, palpitation, tremor and strange sensations, from emotional excitement (even in organic disease is palliative). Pulse slow and intermitting."

"*Nightly restlessness*" is also given under Sleep.

It is about three years since I first began to use the tincture of *scutellaria lateriflora* and its dilutions. The following are some of the cases :

Mrs. ———, a hard-working farmer's wife, of Irish extraction, robust, between 45 and 50, was attacked with inflammatory rheumatism in March, 1884. After she had been suffering for two or three days, I was called to see her. Both knees were swollen, also the ankle of the left side (the first attacked), together with the left shoulder and wrist. This attended by great pain night and day in all these places. Much worse from the least motion ; sweat frequent, great thirst, temperature,  $104\frac{1}{2}$ . A few days of ac. 3x, bry. 3x, alternating, and followed by puls. 3x, relieved the attacks. There were no heart complications. But in June of the same year a second attack, brought on by getting wet in a rainstorm, did produce, from the first, heart trouble. It was soon allayed (my call-book shows but two calls) by aconite 3x.

This attack left an irritability of the heart, with indistinct first sound, or rather the first sound was slightly obscured, and more or less trouble from palpitation followed. The attacks came on under excitement or extra exertion. *Scutellaria* 3x, two or three drop doses, controlled the heart trouble readily, and she kept the remedy by her all summer. During the following winter to the present she has had little trouble from the heart and no renewed attacks of rheumatism. It is now more than six months since she has called for medicine.

A number of cases of nervous palpitation have been quickly relieved every month of my practice by the use of one to three drops of the 2x to 3x dil. once or twice a day for a few days, and these it is not necessary to describe.

A second case of organic heart trouble is of more interest.

Mr. ———, 35 years old, a strong, large-framed, six-foot farmer, called at my office to show an angry looking ulcer on left ear ; base whitish, depressed, oozing a watery fluid. On the left side of his chest, extending from breast downward, was an eruption oozing in a similar way, of the size of two hands, so he said ; the whole beginning with a few pimples that spread rapidly as soon as scratched. The itching was so intense at night that he could not forbear scratching, and this only made things worse. So much so that he had not had a single night's good rest for a fortnight. Before the eruption he had been troubled more or less constantly with sharp pain in the region of the heart, great dyspnœa on exertion or excitement, and tormenting restlessness at night. Now there was no pain at all in the heart. Auscultation showed strong obscuration of first sound.

The prescription, however, was graphites 4x, trit.  $1\frac{1}{2}$  gr. powder morning and night, and graph. oint. (Boericke & Tafel's), used in very small amounts, twice or thrice a day. In five days he returned perfectly cured of the eruption on the chest and ulcer on the ear, but complaining of the old striking, stabbing pains in the heart and the still restless nights.

As soon as he had worked for an hour or so in the morning, he had to go to the house and rest nearly as long before he could do anything more.

Pulse was irritable on least exertion ; nights very restless, much of the time spent in walking the floor from pain ; appetite poor, and he himself generally discouraged.

*Scutellaria* 1x dil.—three drops, gradually increased to five—morning, mid-forenoon, mid-afternoon, before supper, at bed-time. Six days after he called at my office and said : "Doctor, I never had a medicine take hold of me so before. I was better right off. In two



days all the pain left me, and I have slept all night, right through, for the last two nights. I eat better and I feel better than for a year past.

His history showed an acute attack of rheumatism in March, 1855. He went away a happy man, and I turned to my medicines with greater faith in *scutellaria lateriflora*.

# TREATMENT OF DIPHTHERIA WITH CYANURET OF MERCURY.

Translated with Notes.

BY

S. LILIENTHAL, M.D.,

New York.

DR. P. A. HYALMAR SELLDER treated during the years 1881-1886, in two Swedish provinces, 156 cases with Hg. Cy. He lost only four cases, which came under treatment when they were already in extremis. They were all children under ten years; he lost no patient older than ten years. Sellder collected from literature 705 cases of diphtheria treated with Hg. Cy., with 53 deaths, 7.5%, and in most of the fatal cases treatment began too late. For the diagnosis of diphtheria four cardinal symptoms are required: angina, diphtheritic deposits, tumor submaxillaris, foetor oris. All other cases must be omitted, even the necrosis scarlatinosa of Hensch, which some call scarlatinal diphtheria. The deposits were 102 times on both tonsils, 27 times only on one side, in the remaining cases on other parts. Thrice he observed paresis of the velum and only once in the extremities. He prescribes: R. Hg. Cy. 0.02, tinct. aconite 2.0, mell. crud. 50.0, aqua distil. 150.0. Mds. Every hour, or more frequently in severe cases, a teaspoonful for grown persons, and smaller doses for children, according to age. Grown persons receive also as a gargle: R. Hg. Cy. 0.04, aqu. menth. pip. 400.0. Mds. Gargling every 2-4 hours, or more frequently in severe cases.

During severe collapse he recommends a tablespoonful of pure oleum terebinth per os or emulso terebinth, cognac. ña. 600.0, two tablespoonfuls

per rectum every hour and internally tockay and cognac. Some patients wear tepid cloths around the neck. The sick-room must be kept tidy and clean and no patient allowed to spit on the floor. Fresh air is of the utmost importance, and equally so to keep up the strength of the patient with fat milk, bouillon with egg, meat-powder in milk or chocolate, milk with honey or syrup, extract of malt (fluid bread), etc., etc.

Though Hg. Cy. is no specific, still the results are far more favorable than any other treatment, as 264 cases treated with corrosive mercury, ferrum, chinoin, resorcin, brom and turpentine gave limortality of 146 (55.3%), which differs greatly from our 2.5%.—*Allg. Med. Centr. Zeitung*.

We beg to remind the worthy Swedish physician that he might have increased the number of cures performed with Hg. Cy. if he would have looked over the files of homœopathic literature, for we forgive our confrere that he did not know that it was first used by physicians of our school, as we get used to such stealings, especially by English authors. Even the dose he prescribes is small enough to suit the taste of most teachers in our homœopathic colleges; and even the indications given are the same for which we all prescribe it in that treacherous disease. One of his remarks is valuable: that the remedy fails, as every thing else, in extremis; and I have heard physicians complain about such failures when they ought to have known better that prussic acid is not the remedy to rouse the sinking powers of life. The doctor prescribes the Hg. Cy. mixed with a great deal of crude honey, and we may well ask how much of its beneficial action may be ascribed to our apis mellifica. Comparing these two remedies as given in McNeil's prize essay, we read:

*Hg. Cy.*—Putrid diphtheria with grayish leathery exudation and ulceration, incessant salivation; feotor ovis, gangrene; engorgement of the parotid and submaxillary glands (characteristic); excessive prostration, complete suppression of urine, adynamic fever, burning skin, sopor.

*Apis Mell.*—Tonsils studded with numerous deep, angry-looking ulcerations,

exuding a scanty fetid discharge ; small amount of pain accompanying intense and extensive inflammation ; deglutition painful and extending to the ears ; heat unpleasant ; great debility ; thirstlessness ; scanty or excessive albuminous urine ; low, adynamic fever.

The reason why the swelling of these glands is of such bad omen can be found in the fact that these swollen and hardly ever suppurating lymphatic glands serve as depots from which reabsorption and relapses may take place, and we often find that apparently mild cases eventually exhibit this ominous symptom. Monti (Diphtheritis, p. 199) says : In septic diphtheria the glandular swelling increases considerably, the periglandular tissue takes part in this process, and more or less indolent tumors are thus formed. In high-graded septic cases they may reach an enormous size, take in the whole region of the peratis, and fill up the whole space between mandibula and clavicle. The cutis over it remains intact at first, and without inflammatory symptoms the tumor may become fluctuating in one or two days, containing *ichor*, and rapidly necrosis of the cellular tissue and of the skin follows, so that the muscles are laid bare. Such septic cases are the indications for Hg. Cy., and we can hardly ascribe in such cases any curative effects to the honey. There are other indications for our apis : where œdematous puffiness conjoined to the prostrating debility is the keynote for its selection.

Prescriptions made by the physiological school, as they please to call themselves, are sometimes an enigma to a homœopathic scholar. In comparison to the relatively small dose of the Hg. Cy., the dose of aconite appears to be large, and we may well ask : What action is expected from aconite in septic diphtheria ? Philipps (M. M. I., 9) finds it mostly indicated in relieving congestions and inflammations on the one hand and pains and spasms on the other. According to Ringer, aconite lessens the pulse rates, lowers arterial tension, diminishes abnormal heat, slows respiratory movements, and diminishes the sensibility of the sensory nerves. Wood (M. M., 165) observed, after moderate toxic doses, grate disturbance of the respiration, mus-

cular weakness, vascular depression, and finally death, with or without convulsions. We looked carefully through the latest edition of Hempel's *Materia Medica* to find any indication for aconite in such grave cases of diphtheria, and felt disappointed, as Hempel is the great advocate for the employment of aconite in nearly every ailment of poor mortals, and considers it, in the tincture, the sheet-anchor in the sudden collapse of Asiatic dry cholera, with little or no premonitory symptoms. Collapse we may have more than we like in diphtheritis, and just such septic cases show the vast difference between genuine croup and zymotic diphtheria. We all know how well aconite acts in the former, and prevents the disease from advancing from its first congestive state to a true exudative inflammation, whereas diphtheria is a necrobiotic disease from its very start.

We doubt whether even an allopathic stomach in extremis will not revolt against such a tremendous dose as a tablespoonful of oleum terebinthinæ per os. We may well prepare to write the certificate of death, if no reaction follows. Perhaps it takes such a dose to increase the action of the heart and arteries, as it diffuses itself quickly through the blood ; but how long will this last, and the reaction which follows, will show us the folly of such treatment in complete muscular relaxation ; and though its antiseptic power may be fully acknowledged, we doubt whether in large toxic doses it may not become more fatal to the patient than to the bacteria living on putrefying detritus. At any rate, science stands justified though the patient succumbed.

Fresh air and plenty of it, good nourishment in small and frequent portions, cleanliness in every thing minutely observed—these are the points on which all schools do agree ; they are, in most cases, of far more importance than all medication. Never despair, a cheerful mind is often the best antidote to the poison of disease.

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Write to Prof. Henry C. Houghton, No. 12 West 39th Street, New York, for the annual report of the New York Ophthalmic Hospital.

THE  
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery, and  
Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

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*It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.*—CONSTANTINE HERING.

Dr. Spitzka's investigations into the nature of hydrophobia seem to show that effects analogous to those produced by Pasteur may be caused by the use of various non-medicinal substances when injected sub-cutaneously. While not denying that cases of real hydrophobia may occur, he, in common with a large minority of the profession, believes that most of the cases so called are either the result of meningeal inflammation or are hysterical. It is certain that popular belief has much to do with the fatality of cases, and the resolution not to be frightened at the bite of an infuriated or

rabid animal will generally prevent untoward results.

\* \* \*

At a recent meeting of the Societe Medicale des Hopitaux, M. Vallien read a report on the contagious properties of tuberculosis. The society sent a list of questions to 10,000 medical men, and received 173 answers. Those who answered were classified as follows: 57 believed in contagion, 57 disbelieved in it, 7 gave doubtful replies, and 2 were incomprehensible. Of 439 cases forwarded, 213 supported the hypothesis of contagion, and 226 were against the theory. The 213 cases favorable to the theory were as follows: 107 were husbands and wives, 71 near relations, 18 the offspring of phthisical parents, and 16 were distant relations. In one instance the disease was said to have been transmitted from a master to his dog. Heredity is an important factor in the propagation of tubercle. Tuberculosis is, the report states, more frequently inherited from the mother than from the father. Inherited tuberculosis is manifested sooner than when contracted from proximity with the contagious principles. It is difficult to ascertain what is the exact proportion of cases due to contagion. It is roughly estimated to be one in ten among the well-fed classes; among the poor classes it is much greater. Data are at hand which indicate that phthisis has been imported into isolated localities and islands by inhabitants from neighboring countries where the disease existed.

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INTERNATIONAL HOMŒOPATHIC CON-  
VENTION, 1886.

*Dr. Geo. W. Winterburn;*

MY DEAR COLLEAGUE.—At the convention held in London in 1881, it was determined to hold the next meeting at Brussels, with the view of providing a central and neutral place at which the

continental homœopathists (hitherto so sparsely represented at our gatherings) might meet one another and their British and American colleagues. I was desired to act as permanent secretary of the convention, and in that capacity I communicated the choice made to Dr. Marting, editor of the *Revue Homœopathique Belge*, requesting him to make it known to the homœopathists of Belgium. In due time I learned from him that the *Association Centrale des Homœopathes Belges* had accepted the task of organizing the meeting, and had appointed a committee for the purpose. To this body, accordingly, I made over my responsibilities, putting myself at their disposal for any counsel or assistance they might require.

I now learn, to my great regret, that our Belgian colleagues find themselves unable to complete the task they have undertaken. Disappointed at the paucity of men and material with which they are threatened, they declare the congress impracticable, and wish to adjourn it to 1889, making Paris its seat, on the occasion of an Universal Exhibition there to be held. It seems to me that this proposal can not be accepted. Our international conventions must be regularly quinquennial, if they are to be kept up at all; and the reasons for preferring Brussels to Paris on this occasion continue to hold good. Many of us have made our arrangements to attend; our own British Congress has been omitted this year to enable us to do so; and it is most undesirable at this late hour to change the plans determined on.

I therefore feel it my duty to maintain the resolution entrusted to me to be carried out; and in default of the homœopathists of Belgium, must myself take the initiative in its execution.

I accordingly give notice that the International Homœopathic Convention of 1886 will be held at Brussels on Tuesday, the 3d, Wednesday, the 4th, and Thursday, the 5th of August next; the first day to be devoted to general considerations bearing on homœopathy, the second to materia medica, and the third to clinical medicine. The exact place and hours of meeting shall be announced in your next issue.

Being called upon thus late to organ-

ize the convention, I earnestly appeal to my colleagues throughout the world for their co-operation and assistance.

Let those who are able at once send me papers on the subjects mentioned as those to be considered, and—as funds will be required—the contributions of all those who desire to see the convention carried out are hereby solicited. Dr. Dudgeon, of 53 Montague Square, London, W., has kindly consented to act as treasurer, and will receive and thankfully acknowledge all moneys sent for the purpose. If a united effort is thus made, the convention of 1886 may not be unworthy of its predecessors in 1876 and 1881.

Begging you to insert this letter in your journal, I remain,

Yours very faithfully,

RICHARD HUGHES,

Permanent Secretary Int. Hom. Com.  
Brighton, May, 1886.

*Editor of the AMERICAN HOMŒOPATHIST.*

MY DEAR COLLEAGUE.—Having been suddenly called upon, in the middle of May, to take up the duty of organizing this year's convention, I communicated with as many Homœopathic Journals as time allowed me to reach, stating that the Meeting would assuredly be held at the time appointed, and inviting adhesions and contributions.

I have now to announce that, after further correspondence with our Belgian colleagues, I have—in deference to their wishes—abandoned Brussels as the scene of our gathering. This city was chosen mainly for the sake of the Homœopathists of the Continent of Europe; and in selecting Basle (Switzerland) as its substitute, I trust I have provided them with a rendezvous not less central and accessible, while those of America and Britain will not grudge a little extra travelling for their sakes.

By the aid of Dr. Brückner, who represents our practice at Basle, I have obtained an excellent Hall of Meeting, within easy reach of the Hotels near the Central Station.

I give notice, therefore, that our third quinquennial International Convention will be held at the above place on Tuesday the 3d, Wednesday the 4th, and Thursday the 5th of August next; the



first day to be devoted to general considerations bearing on Homœopathy, the second to *Materia Medica*, the third to Clinical Medicine. There will also be a short business meeting at 8.30 P. M. on Monday, for election of officers and adoption of rules of proceeding. Sectional meetings can be arranged for, at the discretion of the members, during the hours left vacant by the general sessions.

I can not yet say what will be the prevailing language of the Convention; but every member will certainly be at liberty to speak in his own tongue, provision being made for interpreting his meaning to the rest.

I shall be glad if all who purpose being present will apprise me beforehand of their intention, that I may know for how many to provide. "Brighton, England," will find me up to July 19th; letters arriving later than this should be addressed—"Hotel Schweizerhof, Basle, Switzerland." I shall be at the hotel from 12 till 6 on Monday, August 2nd, when I shall be pleased to see all members who have arrived, and to give them *précis* of the papers for discussion and other information.

Let me remind the profession that funds will be required for this undertaking, and that Dr. Dudgeon, of 53, Montagu Square, London, is acting as Treasurer. And now I have only to appeal to all who love Homœopathy to join in making our gathering a pleasure and a success.

Asking the favor of insertion in your next number, I remain, Yours very faithfully,

RICHARD HUGHES,  
Permanent Secretary.

Brighton, June 14, 1886.

#### ABSTRACTS.

**DEVELOPMENT AND SUPPRESSION OF PHTHISIS.**—Dr. Albrecht, of Neuchâtel, has submitted many of his patients in the Children's Hospital at Bern to the inhalations of oxygen, with a view to ascertaining its effects upon the development of phthisis, and whether by increasing the rate of organic combustion by this means the bacterium of consumption would not be destroyed and eliminated from the system. The subjects were tuberculous patients, in whose expectoration the bacterium of phthisis had been

discovered with certainty on several occasions. The patients were first submitted to an appropriate highly nutritious diet, consisting of milk and peptone, and twice a week they were weighed with great care. It was observed that as soon as the oxygen inhalations began the daily loss of weight was checked, and in some cases the weight increased, dyspnoea diminished, and the number of bacteria seen under the microscope appeared smaller.

**PAIN AS RELATED TO METEOROLOGY.**—It is generally known that depression of spirits and rheumatic pains have long been associated with a falling barometer and storm-brewing conditions—unusually severe neuralgic attacks coinciding with unusually intense storm development. To establish in his own case this relation of pain and weather, Captain Catlin, of the United States Army, made a regular and detailed record, in connection with the weather variations, of the variations of his neuralgic pains. From the published account, Captain Catlin's foot was crushed by a shot in 1864, and it was necessary to amputate his leg below the knee. He continued to experience sensations of pain, as if in the lost member, these sensations being greater or less according to the atmospheric disturbance. Arranged in months, March naturally took the lead as a pain producer; then came, in order, January, November, December, May, February, April, August, October, September July and June. He traced the average distance of the storm-center at the beginning of the pain attack by investigating sixty well-defined storms in ten consecutive months; it was 680 miles, ranging from two to 1,200 miles.

**IS IT A CASTOR OIL WELL?**—A well on the farm of Wilbur Gutchess went dry this summer, and Mr. Gutchess thought it a good time to deepen it. It was therefore drilled fourteen feet deeper. The drill went through several kinds of hard pan, and lastly into a soft blue rock, where a vein of water was reached, which immediately filled the well to a depth of fourteen feet, running in so fast it is impossible to lower it by pumping. The water, when standing in a bucket or tank, appears to have a scum on top which resembles petroleum in

every respect. But the water smells and tastes like castor oil, and not a living thing on the farm will touch it. Mr. Gutchess carries a bottle of the water around for people to taste, and all accuse him of filling up a castor oil bottle with water; but such is not the case, as can be proved to the satisfaction of any who will take the trouble to visit the well. The more the water is pumped out the worse it becomes.—*Syracuse Standard*.

**THE CORPUS LUTEUM.**—Several interesting questions as to the formation of the corpus luteum are yet unsettled, or at least authorities differ concerning them. By some, for example, it is held that an intravesicular hæmorrhage occurs, which contributes to the rupture of the vesicle, and that a blood-clot is, as a rule, found in the fresh corpus luteum; while others believe that this clot is exceptional, and when present hinders the development of the corpus luteum. The investigations of Dalton led him to conclude that in the human female a clot is usually found. From many examinations of the ovaries of lower animals—cows, sheep and swine—made by ourselves years ago, we came to the conclusion that hæmorrhage in the ripening of a Graafian vesicle was quite exceptional.

Benckiser has made, in a recent number of the *Archiv für Gynäkologie*, a very complete and careful study of the corpus luteum in swine, and he positively states that a "coagulum is an inconstant and unnecessary condition for the formation of the corpus luteum." He further says that the large epithelial cells of the corpus luteum in swine come only from the internal theca of the follicle. He found in the ripe follicle a very well-developed capillary vessel system between the internal theca and the membrana granulosa, with distinct nuclei in the vessel walls. In no normal follicle and in no stage was a homogeneous membrane seen between the internal theca and the granulosa. No lymph-vessels were found in the structure of the corpus luteum at its highest development, a result which corresponds with that of Exner derived from his study of rabbits.

Benckiser explains the formation of the corpus luteum in swine as resulting from

hypertrophy and hyperplasia of pre-existing elements—connective tissue cells and blood vessels—in the internal theca of the follicles, which already begin before the rupture of the follicle, and after this rapidly attain their highest point of development.—*Phila. Medical News*.

**CHRONIC HEART DISEASE AND PREGNANCY.**—This is the subject of an inaugural dissertation by G. Wesner, of St. Gall, who gives the following *résumé*, after a careful review of the literature of the subject:

1. There is no specific physiological hypertrophy of pregnancy. The heart of the pregnant woman only obeys the general law that the mass of the cardiac muscle increases with that of the body.

2. Other grounds for believing in a physiological hypertrophy are faulty, and can not be brought into pathological relation.

3. The conditional hypertrophy of the heart, of pregnancy, caused by increased body-weight, is so slight that it can only be considered as a danger in very severe heart trouble.

4. The causes of the unfavorable influence of pregnancy on heart trouble, lie not so much in the increased cardiac activity, on account of the pregnancy, or the pressure suddenly removed by labor, and the high position of the diaphragm, as in the psychical and physical fatigue of labor, which reacts on the heart.

5. But, as statistics show, these are endured in by far the greater number of cases without especial damage. It seldom occurs that severe heart trouble is specifically due to pregnancy, but it more usually happens that we have to do with very severe heart diseases as a secondary complication.

6. As malignant endocarditis occurs, especially in the course of old heart diseases, so it also seems to occur after labor, as septic poisoning.

7. The prognosis is considerably better for both mother and child, if it exists from the beginning.

8. The treatment is symptomatic, not the performance of premature delivery, but hastening of labor if necessary.—*Centralbl. für Gynäk.*

**DANGER OF WEARING HAIR-PINS.**—Dr. Spencer B. Simpson writes: The following cases appear worthy of record: Mary S——, aged forty-five years, married, robust, and a nullipara, was first seen on July 23d. She informed me that on July 19th, at 6 A. M., after sitting up in bed for a few minutes, she turned her feet out of bed and slid on to the floor. As she did so she felt something sharp run into her privates, and she called out to her husband. A spot of blood appeared on the night dress, and she felt two sharp points with her fingers outside; at the same time she missed a pin from her hair. Repeated attempts were made by straining and with fingers to extract it. On examination the points of the pin could not be felt outside nor per vaginam. A silver catheter, passed to three inches, detected a metallic substance on the floor of the bladder, which could be traced between the fingers in the vagina and catheter to the inner end of the urethra. I was unable to make any attempt at removal until the 27th, when fortunately the points of the hair-pin could again be felt at each side of, and about half an inch from, the meatus. After several attempts I seized one arm of the pin with the ordinary tongue forceps, and by pushing the pin back toward the bladder disengaged the point from the mucous membrane of the urethra and brought it down through the meatus, forcing the other point through the wall of the urethra into the vagina. The rest was easily extracted by turning the head of the pin outward. No inconvenience was felt afterward.

A somewhat similar, but ludicrous, case is the following, briefly given: A female, aged fifty years, was visited at 11 P. M., complaining of "agony" in moving and great tenderness of right flank, for a week or more. When the patient stripped a hair-pin was discovered with one shank buried in the skin an inch deep.

In neither case do I think imposition or deception at all probable.—*London Lancet*.

#### ITEMS.

We have so often spoken in commendation of the children's magazine, *St. Nicholas*, that it would seem as if there was nothing new left to be

said. But the magazine itself is a novelty every month. The good things it contains can be appreciated not only by the youngsters, but by the elders, and it is a welcome visitor in many thousand homes.

The annual meeting of the International Hahnemann Association began in Saratoga June 24th. The meeting was called to order by President H. C. Allen, of Ann Arbor, who delivered an address on the principles of Hahnemann's system. A paper on "What is the Best Method of Selecting the Remedy?" was presented by Dr. P. P. Wills. Among those present were Drs. J. W. Woods, Holyoke, Mass.; A. Harvey, Springfield, Mass.; J. R. Stetthimer, Rochester; J. T. Kent, St. Louis; C. W. Boyce, Auburn; J. A. Bigelow, Rochester; Mrs. Leggett, Watertown; A. B. Carr, Rochester; E. A. Ballard, Chicago; E. Rushmore, Plainfield, N. J.; W. S. Gee, Hyde Park, Ill.; L. B. Wells, Utica; A. R. Wright, Buffalo; S. Swan, New York; S. Close, Brooklyn; C. W. Butler, Montclair, N. J.; Alice B. Campbell, Brooklyn; F. Kreaft, St. Louis; J. B. Gregg Custis, Washington, D. C.; E. D. Hussey, Buffalo.

For the past five years The Century Co. has been engaged in preparing a dictionary of the English language, of which Professor William D. Whitney, of Yale College, is editor-in-chief,—the purpose being to include, in addition to a very full collection of individual words in all departments of the language, all technical phrases, not self-explaining, in law, the mechanical arts, the sciences, etc. Indeed, it is designed to make this dictionary so complete in its definitions of all branches of science and art that even the specialist will need nothing further. The dictionary will have also a remarkably complete system of cross-references, and will embody in itself a dictionary of synonyms which will add greatly to its value. A prominent feature of the new work will be its encyclopedic character. Its definitions will be fuller and more complete than is customary in works of this kind; it will go further into the various uses and meanings of words, and in many cases will give full explanations and descriptions of matters historical, scientific, legal, mechanical, etc. The publishers are taking great pains with the illustrations, of which there will be about 5000. They are employing the same class of artists and engravers that contribute to their magazines, and they mean to make the result something hitherto unknown in the world of dictionaries. Each picture as it is drawn, and again after it is engraved, is submitted to the specialist to whose department it belongs, that its scientific accuracy may be guaranteed. Two or three years must still elapse before it will appear, and in the mean time opportunity is offered by the publishers to those interested in helping on so useful a work to contribute material and suggestions to it. Much valuable matter has been received in this way from many scholars and practical men all over the world. It is estimated that upward of a quarter of a million of dollars will be spent upon The Century Dictionary before it is ready for publication.



THE

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## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirty-ninth annual session of the American Institute of Homœopathy was held at Saratoga Springs, New York, beginning Monday evening, June 28, and continuing until Friday afternoon, July 2. The sessions were held in the ball-room of the Grand Union Hotel, a commodious and handsome room, well adapted for the purpose. The attendance was large, more than four hundred persons being registered by Chairman Smith.

### MONDAY EVENING.

Dr. O. S. Runnels, the president, called the Institute to order at half-past eight. The preliminary session was an innovation, and a good one. It enabled the executive committee to dispatch a large amount of routine business, business which has to be done, but which would have seriously clogged the work of the following day. As a large number of the members arrive during the Monday afternoon preceding the meetings, an evening session on that day becomes practicable, and proved so acceptable that it will probably become a permanency.

The usual prayer was made by Dr. S. V. Leach, of Saratoga Springs, who prayed less at the assembled members than is usual under the circumstances.

Dr. S. J. Pearsall, who is the leading homœopathic physician of Saratoga Springs, and who has been a member of the institute for nearly a score of years, made the address of welcome. He said, in part:

Mr. President, Ladies and Gentlemen of the American Institute of Homœopathy—In behalf of the Saratoga County Homœopathic Medical Society, I welcome you. In behalf of the citizens of Saratoga Springs, I welcome you to our

beautiful village, with its shady streets, its mammoth hotels, its lovely parks and its world-renowned mineral springs, pouring forth their health-giving waters to strengthen and revive the numerous patrons from every part of the world. The Hathorn Spring Company welcomes you to their fountain free of charge; the Geyser Spring the same. The Congress Spring Company has thrown open the gates of their gem of a park, and the waters of their springs to you free. The Mount McGregor Railroad Company welcomes you to Mount McGregor and to the cottage where the greatest hero of the age, Gen. U. S. Grant, passed his last days of suffering, sickness and death. To all, we welcome you.

President Runnels returned thanks in the name of the institute as follows: On behalf of the American Institute of Homœopathy I thank you for your generous welcome to this beautiful place. Through your kindness and forethought we are permitted to enter into the fullness of Saratoga. Coming as a body for the first time to this Paradise, we are filled with gladness at what we find. For we have here not only all the conditions favorable to the highest personal comfort and enjoyment, but ample conveniences, also, for the prosecution of the special work we have to do. Our vexatious cares have been deserted and all the barriers to happiness are gone. It is with pleasure, therefore, that we receive your hearty welcome, and it is our purpose not only to draw at will on all these things of delight by you enumerated, but to drink no less freely from the springs of knowledge, welling up from the midst of the institute itself. Thus shall we be renewed in strength, and go forth to life-work again with a glad remembrance of Saratoga and the session of 1886.



DR. J. B. G. CUSTIS, of Washington, made a marked impression on the institute in an earnest speech upon the subject of national medical legislation, and invited the institute to meet at Washington two years from date so as to influence by its presence legislation favorable to homœopathy. Dr. Custis is a quiet but effective speaker, and the profession may be congratulated on having so able an exponent and advocate at the national capitol. Dr. Custis, as a part of his report, introduced the following resolutions :

First. That we view with much concern the fact that this great system of medicine is without representation in the army, navy, or marine hospital service of the national government, though it is the adopted system of a very large proportion of the citizens of the country, who have experienced its superior beneficent results.

Second. That having without government aid, or recognition, even in the medical departments of the government service, attained to the high position of rivaling the older school of medicine in colleges, hospitals, literature and number of educated and experienced physicians as well as clients, and having through the manifest beneficent results of its law and practice in the preservation and restoration of health largely revolutionized the practice of all other schools, we claim that the time has fully come for its recognition in every branch of the government service where medical knowledge and skill are provided for.

HON. ALONZO BELL, of Washington, who was introduced as an ex-assistant secretary of the interior, was invited to the platform as the representative of the Homœopathic Hospital Association of Washington. The Hon. Alonzo is probably effective in a ward caucus, but his style of oratory is hardly consonant with the tone of a medical convention. As the representative of the hospital at Washington he was listened to with interest, more because of the worthiness of the object than from any felicity of manner on the part of the orator. He gave the history of the government grant

of \$15,000 to the hospital, and spoke of the hopes of the managers for additional help from the same source. The value of a good Homœopathic hospital in Washington, in influencing the opinion of politicians, is considerable. Regret it as we may, the fact remains that if we are to break down the political influence of the old school of medicine, and secure equal privileges in the government service, we must do so by showing that we are an organized body which can control votes. Our representatives in Congress understand the value of votes, and no matter what their private opinion of Homœopathy, will grant political rights to us as a school in proportion to the strength of our organization. In this connection it is important that the membership of our societies, especially of the Institute, should be as large as possible. At present, less than ten percent of the number of physicians who profess to practice Homœopathy are members of the Institute, and it would seem that it ought not to be difficult to double the present number. If in 1888 the Institute could go to Washington with a membership of fifteen hundred, and an actual attendance of say six hundred (figures which it ought not to be difficult to realize), the moral influence of such an association would be tremendous. Politicians are never insensible to numbers, and while they are always fearful of removing ancient landmarks and trying new experiments, when convinced that public opinion has advanced beyond them, they are not slow in trying to catch up.

CONSIDERABLE interest was manifested in the success of the International Homœopathic Convention, of 1886 and one hundred and seventy dollars was subscribed toward paying its incidental expenses. All members of the institute now in Europe were elected as delegates to the convention, with President Runnels as chairman of the delegation. As our readers already know, by the communications published in our last issue from our colleague, Richard Hughes, M. D., the quinquennial, is having a hard time of it. Originally committed to the care of the Belgian brethren with the intention of holding the meetings in

Brussels, it has through their mismanagement now to be held in Basle. That it has not altogether failed, is due to the untiring energy of a few of our English colleagues headed by Dr. Hughes.

THE following names were given in the necrologist's report as the losses by death since the last annual meeting: *Seniors*—Henry N. Guernsey (1846), Philadelphia; Henry E. Stone (1858), Fairhaven, Conn.; Benjamin Ehrmann (1846), Cincinnati; J. R. Reading (1848), Somerton, Pa.; J. K. Clarke (1850), San Francisco; Francis Woodruff (1857), Detroit; A. W. Koch (1848), Philadelphia; Fred. N. Palmer (1856), Boston; D. F. Bishop (1854), Lockport, N. Y.; Cornelius Ormes (1856), Jamestown, N. Y. *Juniors*—Earnest A. Farrington (1872), Philadelphia; William J. Baner (1866), New York; E. C. Franklin (1867), St. Louis; Nathaniel Lyon Franklin (1885), St. Louis; Clement Pearson (1867), Washington; Henry Crater (1872), Somerville, N. J.; E. F. Hincks (1867), Hyde Park, Mass.; W. Beesly Davis (1871), Philadelphia.

This report closed the evening session.

TUESDAY, June 29.

MORNING SESSION.

DR. H. H. DETWILER, of Easton, Pa., the premier member of the institute, was especially honored by being invited to occupy a chair at the right of the president. Dr. Detwiler is ninety-two years of age, but still takes a lively interest in the association he helped organize forty-two years ago.

President Runnel's address was as follows:

ADDRESS BY THE PRESIDENT.

Members of the American Institute of Homœopathy, Ladies and Gentlemen—The two events which made the year 1843 notable in the history of Homœopathy were the death of Samuel Hahnemann and the birth of the American Institute. In the month of July of that year the career of the one was ended and that of the other begun. This coincidence was significant. These were more than fortuitous occurrences.

The personal influence of Hahnemann

was now gone. After a long life of phenomenal activity—the better half of which had been spent in the exposition and defense of his great truth—he was forced to go hence without a successor, or one upon whom his mantle could fall. With disciples of marked ability in every civilized land, there was no one qualified to take his place; no one possessed of the requirements of so great a leader. From the very nature of the case, it was not only impossible but entirely undesirable for any one of his followers to attain unto leadership. At this juncture, in a distant and more favored land—and in ignorance of the death of the founder—his legitimate and highly favored successor was born. The organization which henceforth was to be his representative in the world, and which was to do more to voice and defend his cause than all other agencies combined was launched upon its great mission. What was thus denied to a single individual was consigned to the safe keeping of the organized many.

How faithfully this trust has been administered is now a matter of record. No longer under the repressing and dwarfing influences of a despotic social order, but thus well planted in the soil of freedom, the growth and perpetuity of Homœopathy was assured. From that time on it was to grow into its full stature; it was to more and more accomplish its beneficent work. Under the fostering and establishing influences of the American Institute, Homœopathy has acquired its fixed habitation and gained honor for its name the world over. It has taken its place among the sciences of man, and has forced its neighbors into a general knowledge of the fact. For forty-three years—except the interval of the Civil War—its councilors have met annually to consider its interests and devise measures for its advancement. Imbued with the spirit of truth, they have determined in collective wisdom the questions that have most closely concerned the reform in therapeutics by them demanded. They have thus gained the help and inspirations incident to professional association, and have gone forth the better equipped for the duties before them.

With the banner of therapeutic re-

form over it, this great force of scientific workers has gone on conquering and to conquer; for the achievements of its past are but an earnest of what it is yet to accomplish, its work being but fairly begun. Loyalty and fidelity to principle on the part of its exponents are alone requisite to the fulfillment of this prophecy.

Through experience in these meetings, it has been found serviceable to have presented at the beginning of each session a brief synopsis of the situation—a recapitulation or resume of the professional status. This has crystallized into a rule. And standing as a sentinel on the watch-tower, this your president has been detailed to do. What, during the year, has been the progress of medicine—particularly of therapeutics? What has been accomplished? What are the signs of promise? What is lying uppermost to be done? So far as the eye can reach I see attention paid as never before to that greatest of all departments of our art—Hygiene. All along the line, in every camp and bivouac, there is perceivable a growing distinction between cause and effect—the antecedent and consequent. The belief is increasing that symptom is only another word for effect and it invariably implies a cause—some definite impression-producing thing which has acted or is acting in conflict. The fact that the occasioner of the phenomena is not always definable, is not immediate, may have had its source in some precedent, time or person, and, like a river to the sea, wended its way to the present observation-point by hereditary or other descent, does not confuse the physician abreast of these times. He does not doubt that some malign influence is operative, and that morbid conditions are but the evidences of it.

So, more and more attention to the abatement of the "*causa occasionalis*" is being demanded; so, more and more are physicians of every name obeying that sweeping injunction of Hahnemann: "Discern the exciting or maintaining cause of the disease, and take measures for its removal." As a consequence, disease agencies, both direct and remote, are to-day being searched for as never before. The ever increas-

ing determination is to nip diseases in the bud and to cut down the conditions that bear them. Of quick interest, therefore, to all are the efforts being put forth to ward off and annul the maladies to which man is subject. Individuals, families and societies are receiving training as never before, as to how they may guard and defend every port of entry. The air, the water, the food and the environment are, by the average intelligence, even of layman, now called to answer the severe questions of scrutiny and analysis. And, going further, individuals are finding that they have more than the present to deal with, more than the here and now to consider. Each one is learning that he is but part of a chain—a link welded to others in both directions—the past and the future being but extensions of the present.

Every one is carrying ills handed to him by ignorant or heedless ancestors. How may he cast them off and abolish their malign influences? Every one has the power to transmit a multitude of weaknesses or disease tendencies to his progeny. How may he prevent the transmission of such a curse? Can he root them out of his own existence and thus repeal the statute of entail? Can he, by a sober attention to the laws of life, generate a human being who shall be possessed of a better physical endowment than he himself inherited?

Thus it is that every thing that pertains to the maintenance of a sound mind in a sound body is being cross-examined in a way wholly unknown even to our fathers. As fruit of this the exanthemata and communicable diseases are being walled in; the so-called "filth diseases" are becoming unpopular—disgraceful; the propagation and transmission of hereditary diseases are commencing, justly, to be rated as acts akin to crime, while that horrible pit of darkness, in which are committed sexual frauds and intra-uterine murder, is being illuminated and ventilated, and as far as possible, disinfected with a thoroughness before unknown.

Thus, year by year, is the realm of disease-exhibition circumscribed, and the tenure of happy, healthful life lengthened.



But these achievements in prophylaxis are but the promise of that which is attainable. The possibilities in this field are so great as to defy the most fertile imagination.

God speed the joyous day when the questions of right living shall not only be satisfactorily answered but the lives of all brought into conformity thereto.

It is refreshing to recall the fact that Hahnemann was a power in this department of healing and that he made every thing subservient to it. Filled with the inspiration of the discovery of the law of therapeutics, which it was his to expound to the world, he was careful to say that even that, was secondary "to the removal of the obstacles to the cure," and "the guarding as far as possible against the influences that may induce disease."

He was not so short sighted as to teach that "*Similia Similibus Curantur*" would be operative beyond its province, or that its province embraced the entire range of morbid ramifications, or that it was the only procedure admissible in the relief of human suffering. On the contrary, like a good naval officer, he ordered that the decks should be cleared before the commencement of action.

Is the alimentary canal choked with inimical or extraneous material; has the system received a poison that must soon work its destruction; are mechanical forces operating at variance with the prescribed harmonies of the natural order—in the guise of broken or dislocated bone, displaced organ, tumor—growth, calculus or cicatricial formation; will the body soon become exsanguinated through the orifice of wounded artery? "It is taken for granted," he says, "that every intelligent physician will commence by removing his *causa occasionalis*." In every disease where there are tangible exciting causes discernible, it is the physician's first duty, he teaches, to remove the obstacles to the cure, by vomiting, antidote, surgical interference, etc., as indicated; and secondly, to choose the appropriate remedy to combat the disease represented by the totality of the symptoms—"the totality" of course, remaining after the removal of the "*causa*." It is puerile to say that he ever countenanced

the rejection or non-observance of that formula, "*sublata causa, tollitur effectus*," (the cause being removed the effect ceases), or forbade the mitigation of the intense suffering of pronounced incurables by the most effective palliatives within human reach. For he commanded, on the one hand, the most painstaking study of the disease phenomena, and on the other, a corresponding insight into the abilities and limitations of drug performance.

"No one," says his *Organon*, "can merit the title of a genuine physician, or a man skilled in the art of healing—no one can accomplish his purpose in a rational manner—who does not clearly perceive the curative indication in each particular case of disease, who is unacquainted with the therapeutic effect of medicines individually and who is not guided by evident reasons in his application of that which is curative in medicine to that which is indubitably diseased in the patient. Nothing is truer than that close observation of disease—causes and the intelligent employment of correct remedial principles were the warp and woof of Hahnemann's life. That he did not reject "the accumulated knowledge of the profession" and did not "base his practice upon an exclusive dogma," is clear, therefore to every fair-minded unprejudiced person. This, every student of his prodigious life-work, must truthfully attest.

Harmonious with the general progress in prophylaxis before cited are the rapid strides recently made along special lines, and which deserve at least a passing mention. In this category I may instance in particular, cholera, hydrophobia and yellow fever. The problem essayed is: Can the human system be fortified in advance against these and other diseases?

Summing up the results thus far attained and speaking with cautious reserve, I must say, if not fully and satisfactorily established, it is at least plausibly predicted.

A corresponding member of this institute, Dr. Tomaso Cigliano, has placed on record data of the most positive character, relative to the prevention and cure of cholera. The report of the experiences of himself and confrères, in the re-



cent great epidemic at Naples, Italy, shows that cholera also, like scarlatina and variola has its prophylactic remedy. In the very midst of this most malignant epidemic, Rubini's camphor did not fail to prevent the disease in a single instance though used in many thousand cases. And its use in the treatment of those stricken with the disease, in connection with those well-known remedies pointed out by Hahnemann, resulted in a loss of from one to four percent. only, while the mortality under what are misnamed "regular" methods, was over fifty percent.

If these data stood alone, the product of experiences in a single epidemic, a suspension of the verdict, till more varied opportunities were had to prove the matter, might well be called for. But, conforming as they do to results obtained in Paris in 1849, in Smyrna in 1865, and, notably in the great epidemics of cholera in this country, we do not hesitate to say that they are indisputable and of the greatest possible import. In the light of these repeated successes, we make bold to declare that statisticians and special committees appointed by governments to compile all that is known on the treatment of cholera, shall be guilty of the blackest of crimes if they do not incorporate these data into their reports, if they again suppress them, as did the special committee appointed by the American congress but a few short years ago!

It is of record, that over forty years ago Eustapheive and Hering, disciples of Hahnemann, advocated the use of the virus of rabid animals both internally and by vaccination for the prevention of rabies. In his recent experiments Pasteur has emphasized this treatment and attained a degree of success that has riveted the attention of the world to the procedure. While it is yet too early to say that he has conclusively shown that every case of hydrophobia can be warded off, he has by his one thousand efforts in this field, and his undoubted successes in the abatement of epidemic maladies among the lower animals, proven that the prevention of contagious or infectious diseases by the timely use of the appropriate prophylactic remedy has a

wider application than has been hitherto supposed.

Along the same line, too, are the seemingly well authenticated results of Dr. Domingos Friere, of Rio Janeiro, who has vaccinated with attenuated yellow fever virus, over seven thousand unacclimated persons, all of whom had just been exposed to the disease. Every one afflicted with the fever and treated by this method even as late as the second stage, has thus far recovered. Of the whole number experimented upon only eight have since died of disease, notwithstanding the fact that the trial was made during one of the most fatal epidemics ever known in that city.

To be sure these accomplishments of Pasteur, Friere and others have not as yet passed their crucial stage, and undisputably established their claims, but progress enough has been made to show that they are full of promise and that ultimate fulfillment may reasonably be hoped for. The thing worthy of our note in passing, is the close resemblance which all this bears to homœopathy. That the animal system can be protected against the ravages of disease force by the propagation in the system of a morbid impression in all respects like unto that manifested by the disease, was the principle which Hahnemann advocated and incontestably proved. He demonstrated indubitably that the more closely the drug impression resembled the disease manifestation, the more speedy and certain would be the immunity or cure, and that this was not only occasionally true, but that it was the rule throughout the realm of disease-operations. Hence his deduction, that any substance in nature would prove to be a remedy, either prophylactic or restorative, that possessed the power to create such an impression; inasmuch as the necessary "similar" was not, per se, in the form or physical character of the drug used, but in the condition or morbid impression which it created. Thus was necessitated the use of the single remedy, and the death of polypharmacy. Thus was required the lesser quantity and the attenuated dose.

The study of drug effects, the physiological action of remedies, the proving

of the impression-producing power of curative agents was then inaugurated, following which came the tabulation of the positive effects of drugs administered to the healthy, and the construction of a pure *materia medica*. From that day forward no substance in nature was too mean or unpromising to command respect or be made the subject of inquiry. It mattered not whether the agent was vegetable or mineral, the venom of a reptile or an insect, a disease product or a contagious virus, it was required to stand or fall upon its ability to stamp its signature upon the animal economy. For its power to originate such a morbid impression foretold its ability to remove a like impression when produced by disease.

Whether, therefore, medicine be administered by inunction, vaccination or hypodermic needle, or be taken by the nose, mouth or rectum is immaterial, so long as the most effective minimum dose of the single remedy is used—so long as that remedy is employed, which has the energy to create a like condition. The principle then employed by Jenner, and copied by all his successors, is homœopathic; it is but a corollary of Hahnemann's law.

We have too long been stumbling over the apparent contradiction of "*similia*" and "*idem*," and have thus, in a measure, been debarred from the fruits of our conquest. Words are but clumsy vehicles for thought, and alas, how often only serve to shut out the meaning intended. To comprehend the thing for which they stand, we must look beyond them into the very soul of the question. For, whatever words may do, principles do not clash. God never allowed one truth to go to war with another or in any way infringe upon or circumscribe its action. Co-relation and inter-dependence is everywhere expressed.

A great law is like the center of a stellar system; for in its mighty sweep around a greater center it carries with it a brood of satellites, which not only revolve about it, but which draw from it their light and heat. Such a sun is "*Similia Similibus Curantur*," and such is its place in the domain of therapeutics. Wherever remedies have acted in the prevention and cure of diseases, they

have shown their allegiance to this centripetal power. In their various exhibitions of ability, often under the most adverse and embarrassing circumstances—as in polypharmacy, they have in their actions and re-actions observed loyalty to this therapeutic principle, and have more and more voiced the demand for a single remedy, the minimum quantity and the similar condition.

Thus, through the ages "has this increasing purpose run" all opposing influences to the contrary notwithstanding. For "*contraria*," alias allopathy, its chief antagonist—the self-styled "regular" of to-day (and which is typical of all our opponents), is as ever a wandering comet—has no gravital center or guiding principle. Having started nowhere, it can go nowhere, but into eventual oblivion. The great therapeutic facts that sparkle in and appear to be part of its immense tail, are really not of it—do not move with it. They are the stars that shine through its appendage; they are the planets and satellites—the primaries and secondaries—of a therapeutic system—even "*similia*," which seems to dominate the therapeutic universe. Such being the far-reaching majesty of this law, it is not singular that men are attracted to it, both consciously and unconsciously as steel is drawn to a magnet, and that all efforts to repel them are unavailing. For here is a principle, that in one short century has turned the medical world upside down, and wrought more changes for good, than all previous contributions to the healing art combined.

This is the heaven that has worked and is working its marvelous transformations through that whole incongruous mass of jumbled facts called "the accumulated experiences of the profession," bringing order out of disorder, and system out of chaos. Heroic treatment, omnibus prescriptions, the lancet, leech, cautery et al., have been driven before it and are now employed only in remote or benighted regions, or by those practitioners who have been stationary since the 18th century.

"The proving of medicines on the healthy, the single remedy and the fractional dose, are being appropriated by the old school as a benefaction; while the law of similars has forced its way

both to open recognition and clandestine acceptance in the form of the opposite action of large and small quantities of drugs."—Hughes.

The literature of the whole medical world has felt the effect; and those works are the most popular in the old school that are the most saturated with this teaching—as is attested by the remedy disposal of Bartholow, Brunton, Philips and the eleven editions of Ringer.

Commerce also, is paying its tribute. The sails of trade are filled with its breezes. Even its enemies have been forced to manufacture and vend its wares. Our little pills, triturations and innocent dilutions are no longer such objects of hatred and derision as they were in the Leipsic days. For inventive genius has been called to the rescue, and we are offered, forsooth, the clever counterfeit in the shape of "sugar powders," "sugar and gelatine coated pills," "parvules," "compressed tablets" and tasteless pharmaceutical preparations.

Drug-houses, big and little, are scrambling for the place, and are now willing to incur the displeasure of their old-time gods, and become, even in small measure, homœopathic pharmacies.

In every live country of the globe the same tendencies are manifest—the same scenes witnessed. Wherever freedom dwells the most securely, there Homœopathy grows the most luxuriantly, and its demands are conceded the most generously. Rulers and law-makers are growing sensitive to its requirements and the public wants are better heeded. Colleges, hospitals and dispensaries are chartered and endowed for it by the state, and public institutions are placed under its care. Within the present summer, the Massachusetts legislature has appropriated the additional sum of \$180,000 to complete and equip the Homœopathic Hospital for the Insane at Westboro—thus swelling the State's aid to this institution alone to the magnificent sum of over \$500,000—while that large penal institution—the Ohio penitentiary—has, in the same time, been placed under Homœopathic care. In addition to these, our National Congress has recently given Homœopathy governmental recognition by making an

appropriation of \$15,000 for the completion of the National Homœopathic Hospital at the Capital.

To further show that the spirit of this medical revival is not dead, and that it is not the crippled, three-legged stool so facetiously described by the misguided Holmes over forty years ago, I call you to witness, that since the utterance of that satirical statement there have been chartered and established in this country fifteen Homœopathic colleges, which have standards of requirement equal to any in the land, which graduate annually over four hundred doctors, and which have alumni numbering over seven thousand; that during this time more than a duplicate number of physicians have joined their ranks bringing diplomas from old schools; and that to-day, after one generation has passed away in death, there are more than ten thousand physicians openly practicing Homœopathy in the United States; while the number in the old-school who are clandestinely practicing it, and feeling their way into it, is astonishingly large; that the Homœopathic literature is respectable, being represented annually in periodicals and books by an aggregate of more than twenty-five thousand pages; that we have one national, seven sectional and twenty-eight state societies, embracing an aggregate membership of over three thousand; that there are in this country more than fifty general and special hospitals possessing property valued at over \$5,000,000 and threatening annually upwards of 25,000 patients; that we have forty-eight dispensaries where from one to two hundred thousand poor receive annually gratuitous treatment; and that the patrons of Homœopathy comprise millions of the most cultured and wealthy citizens of the Republic—every one of them filled with the missionary spirit and the desire to spread this medical gospel to the remotest bounds. Having once walked in the better way, they have no wish to return to the old labyrinth.

Even that barrier to medical progress, that Chinese wall around therapeutic science—that barricade against truth, built by the American Medical Association, and known as Sec 1, Art. 4, Code



of Ethics—even that, I say, has felt the battering-ram of this changed public opinion, and is tumbling to the ground.

I need not recount to you the steps of the desperate conflict that is now being waged behind its bars. But one thing is remarkable; it is not those from without who are endeavoring to scale this wall, but those from within. Sick of the prison-life to which it subjects them, they have attacked their keepers, and are in deadly struggle for freedom. The cry is: "Liberty, equality, fraternity." It takes no prophetic eye to see that the Bastille must go—ay, is going.

That influence, now, which has wrought all this change; that "Social Contract" which has fermented all this, revolution; that heaven-born truth, "Similia," which, like a day-star has led men on to those great achievements—what of that? Is its mission ended? Has the time come to furl its banner and blot out the distinctions for which it has stood? No; to state it is to condemn it. As well ask the followers of the Divine Master to abandon that title bestowed upon them at Antioch, and no longer be known as "Christians," as to enjoin the abrogation of that name, which is above every name in healing—even Homœopathy—with all that that implies. For a word is but the sign of an idea, a mere device for identifying a person or thing. In and of itself there is nothing odious. It is the thing for which it stands that is good or bad—attractive or repugnant. It is not, therefore, the mere cancellation of the word Homœopathy that is demanded, but the cessation of the life it represents; the abolition of its manifestations; the death of its organization. For more than four-score years, this modest exaction has been made, but with what result, obtained in the face of what tremendous odds, the world knows. After the accomplishment of such vast good, and while it is but yet on the threshold of its great mission, it is clear that it is not destined soon to expire. The great Overruler will see to it, as He has in the past, that it is not blotted out; that men do not sell it for pieces of silver or betray it by means of a kiss.

Homœopathy is here by Divine Com-

mand, has a vast realm yet to evangelize and redeem, and it will remain until all Ringer-like plagiarism shall be extinguished; until it shall be dishonorable for men to clandestinely adopt it, in whole or in part, and then openly oppose it and persecute it; until it can go unchallenged into any medical council or medical journal in the world, and until there are no more diseases to heal.

Followers of Hahnemann: To you has been given the nurture and defense of this great truth. To you has been issued the command: Go into all the world and preach this gospel. Fail not to acquit yourselves worthily and to stand firmly in the exposition of all that is true and of good report in medicine.

Gathered, now, in annual conclave, there are some things around this council-board that we should seriously consider, honestly confess and faithfully reform. For in the inventory of our possessions we have both needs and shortcomings. In the spirit of truth, therefore, and for the mutual and general good, let us take a candid survey of the field; let us give and take wholesome criticism.

The most inexcusable and reprehensible thing among us to-day is the intolerance of opinion on various points so emphatically manifest. We are too much filled with the esprit de corps of the old camp—the spirit of the old day in opinion when it was damnable to doubt and heresy to think otherwise than you were bid to think. There is too much tendency among us to employ the "boycott" and to ostracize those who are not of our conviction. If you do not employ that potency in prescribing which I deem the most desirable; or if you do not accept my estimate and rendition of certain theories promulgated in the Organon, then you are as an alien and heathen—worse even than the common enemy! One holds that medicines exhaust their curative powers before the twelfth potency is reached, and that all above that is "moonshine;" another believes that the cure is best made with the higher, and highest potencies, and that any deviation from their employment is "mon-



grelism and "allopathy." This whole epithet spirit is born of evil, and is the carrier of no good thing. It is all contrary to the mind and heart of science. It is the mediæval over again. It should be at once consigned to oblivion, and heard of no more among us. Strike with all your ability for that which you hold to be true, but generously accord your fellows the same privilege.

Remembering that Hering "never accepted a single theory in the Organon, as there promulgated," and that it is the essence of Hahnemann's teaching "to totally disregard all theories—even those of one's own fabrication—when they are in opposition to the results of pure experience," let us catch and hold the catholic spirit of the great Dunham and thus fuse ourselves into one harmonious body of scientific workers—each tolerant of the other's views.

The question of dose was an open one when Hahnemann left it. It is an open one still; and can not be settled as by the voice of a Pope. To reach the final establishment of both the rule and exception as applied to the requisite does of each individual drug, in each particular case, appeal must still further be made to those great arbiters *time* and *experience*.

I think, further, we should all be better readers of Hahnemann's writings. There is too much ignorance on all hands, as to what he actually taught. One should understand his environment and the limitations of the knowledge of his time in order to judge of his great abilities and make proper estimate of what he said and did.

The Organon should have first place among the text-books of every college; and every curriculum should make provision for its thorough study. A knowledge of the origin and growth to the present day, of the various tenets of our belief should be obligatory upon all. Thus, only, shall students be established in correct practices, and be prepared to give well-grounded reasons for their convictions.

Again, every member of our ranks should be found in his place doing his utmost for the dissemination of this principle. As long as our opponents are so thoroughly organized, it is our

bounden duty to associate. Our societies should be strengthened by the membership of every subscriber to the law. Particularly is this so with regard to the American Institute. This is our representative body, and should be the pride of every loyal subject. Every one should be intensely interested in its welfare, the growth of its membership, and the correct expression of its influence. By the fruits of this tree are we known and rated the world over. Every disciple of Hahnemann, therefore, in America, should see to it that his name is on its roll of members and that he is doing all he can to have it properly express this great truth. He should see to it that he does not lend himself to counteracting influences in the establishment of societies that will cripple the forces of this society which is superior to all. This year, no less than four so-called "National" societies—beside this Institute, and composed almost entirely of its members—are meeting within this small city within the week—the most of them holding meetings during the same time as that occupied by the Chief. With all my might, I say, *this should not be*. The proper place for every one of these societies is inside the American Institute of Homœopathy. And the proper and paramount business of this session is to see to it that these distracting and emasculating influences are from this time on neutralized. In these days of combination, such a diversity of effort should no longer be allowed to continue. These five societies should be "pooled" and the best efforts of all the members centered on the up-building of one common society that shall stand for all and that shall make its name lustrous throughout the world!

To this end, we should as an institute abandon our primitive methods and adjust ourselves to the demands of mature life. As it is, we are miserably cramped and nobody is satisfied. Not a single bureau is able to get the time necessary for the proper consideration of its subject. Members are forced to hear their papers upon which they have expended much time and thought read by title and referred without discussion. It will not do to longer print volumes of

so-called "Transactions" made up almost entirely of "referred papers;" or, what is still more aggravating, papers which have been mangled to death by an "abstract." It will not do longer to have sessions practically void of discussions. For this is why these collateral societies have been formed. This is the reason why many old members will not attend or furnish papers for these meetings, and will not pay their dues. If we would not have every one of our bureaus represented by a collateral society and our membership lose its animation, we must no longer continue the suicidal order. It must no longer be heard that "the institute is in a rut;" "is run by a ring," and "its active members are smothered to death."

We must enlarge the area of our building to such an extent as to provide every one of our bureaus with ample accommodations; so that the bureaus in their turn may abolish all hindrances to advancement; may cease forcing their members to consider only text-book topics, and allow reports of original investigations along any line. When that is done, *progress* will be watched in this institute; the enthusiasm of its work will become contagious, and its membership, which has been practically stationary for the last ten years, will be multiplied by two, three or four.

There is no way to do this except by the adoption of the section plan. If you say "we have tried that" I shall question it most rigidly. In a large body like this no effort of that kind can be called a trial which does not embrace several sessions. Time must be allowed to get the machinery in order and working smoothly. Opportunity must be granted for amendment. We must have a chance to improve what is defective and supply what is wanting.

In this manner we shall succeed as perfectly as have larger societies before us, notably the American Association for the Advancement of Science, and shall thus quadruple our working ability. Consonant with such a change all needless barriers to membership should be torn away. We must study the problem as it is. Most young physicians are in straightened circumstances. They have

mortgaged the future, many of them, to secure their education and make the outfit for practice. While it is a great inconvenience to be impecunious at such a time, it is not necessarily a misfortune. The fact, however, remains that ten dollars is a sum that would be seriously missed by very many who would gladly join us but who are thus debarred. I therefore question the wisdom of our present finance methods, particularly the imposition of an initiation fee, a demand without any obvious equivalent. Better abolish that fee entirely.

I respectfully suggest, therefore, that you at once appoint a special committee who shall consider this whole matter, and report a plan in the early part of the session, embodying all, for our consideration and adoption.

During the session of 1868, at the instance of Dr. Carroll Dunham, this institute appointed a committee to compile for it a pharmacopœia, which, when published, should be the official guide for the homœopathic pharmacists in this country. Dr. Dunham was made chairman of this committee and spent years in the prosecution of the work, which was finally interrupted by the Centennial Convention, and the early death of its indefatigable president. Among Dr. Dunham's papers was found a pile of disconnected MSS. awaiting final arrangement for the press. Unavailing effort was made to find some one who was willing to take up and complete the work; but the committee dragged itself along and was finally, in 1880, discharged. Thus it ended and thus it remains to this day. Since then two works have been issued to supply this demand, but inasmuch as they are at variance on vital points, there is still no uniformity in the preparation of our remedies; there is no authoritative command for our pharmacists to follow. Investigations made by the institute in the past, and the researches of its bureau of pharmacy, which will be voiced to you during this session, all show how great is our need in this direction. When dried herbs and roots are substituted for fresh succulent ones in the manufacture of tinctures, and when triturations are proven to be as variable as the names of their makers, it is high time that some-

thing definite be done by this body to enforce uniformity. Then let the work of issuing an authoritative pharmacopœia be again taken up and carried to an early completion.

This will be an appropriate supplement to that other great work, the compilation of the Cyclopædia of Drug Pathogenesis, over which the American Institute and the British Homœopathic Society for the last two years have conjointly had a fostering care.

The purity and reliability of our *materia medica* is a consummation to be desired by all; but we have hardly yet begun to realize the great work that is here being accomplished for our science. To have the pathogenesis of every drug well authenticated; to have it freed from all error; to have it present the real truth of drug-ability in every instance, is to plant the feet of every prescriber on the bed-rock of certainty; is to supply him with knowledge that will sustain him in the hours of extremity.

The three numbers of this publication already received attest the ability and faithfulness of the work thus far accomplished, and furnish a tangible outline of its great usefulness. Nothing should be allowed to interrupt or embarrass the prosecution and completion of this work so well begun. We should continue to extend to its editors—our appointees—the substantial encouragement they need to carry out this work. For it is safe to say that this is the nearest approximation to a “pure *materia medica*” we have ever yet attained, and is a vast step in the right direction. The great work of our future is to perfect our acquaintance with the physiological action of drugs, by all the aids to observation furnished by modern science, and to present that knowledge in its acceptable form.

Finally, we are pained to note the absence here of faces long familiar, which can meet with us no more, having preceded us to the land of the unknown. Like soldiers returning from battle we miss these comrades who have stood shoulder to shoulder with us on many hard-fought fields, and who were battle-scarred veterans when the most of us here present entered the ranks. They

have been the light of our councils and the source of reliance in times of need. Is there one among us who is not thus bereaved?

“It singeth low in every heart  
We hear it each and all,  
A song of those who answer not  
However we may call.  
They throng the silence of the breast;  
We see them as of yore,  
The kind, the true, the brave, the sweet,  
Who walk with us no more.”

It remains for us now to emulate their example in all good works, and, if possible, by added zeal counteract their loss. These memories of our past—its fellowships and achievements—should bind us in closer allegiance to truth, and should inspire us—during the life-remnant—with greater fidelity in our work.

In closing, I desire to extend to you, fellow members, my sincere thanks for the high honor conferred upon me at your last meeting.

In grateful appreciation of this, your most valued gift, it is my earnest desire to subserve only your best interests. In the conduct of these affairs, therefore, I bespeak your kind assistance and patient indulgence.

DR. T. FRANKLIN SMITH reported for the Bureau of Organization, Registration and Statistics as follows: Five national societies, two sectional societies, twenty-eight state medical societies, ninety-two local medical societies, thirteen medical colleges, thirty-eight homœopathic hospitals in the United States, with 3,342 beds, and thirteen others from whom no report was received. In those reported, 23,752 patients have been treated during the past year; 16,134 have been cured, 4,567 have been relieved, and 598 have died. Of these latter, 298 were in the homœopathic hospital of Ward's Island, and the majority of these were those who had been brought into the hospital in advanced stages of phthisis. Thirty-three dispensaries have reported, leaving 15 unreported; 136,660 have been prescribed for and 334,978 prescriptions made, with a cost of conducting these dispensaries of \$16,162.94. There are twenty-two homœopathic journals published in the United States, and two of



these were born the past year. There are thirteen medical colleges; 1,124 students have matriculated and 384 graduated during the year. There are now 7,345 alumni of these colleges.

THE reports from state and county, societies, colleges, hospitals and other institutions were on the whole very encouraging. It was shown that homœopathy is everywhere gaining strength in numbers and has now a stronger financial backing than at any previous time.

THE relation of the institute to medical education was discussed by Drs. C. E. Walton, H. C. Allen, I. T. Talbot, T. F. Allen, Pemberton Dudley, Busrod James, A. R. Thomas, Reuben Ludlam, J. D. Buck, and William Owens. It will be seen that the discussion was wholly in the hands of the college men, and, as was natural, was mainly a defense of college methods. We do not doubt that our colleges are doing the best they can for and with the material furnished them by preceptors. A great injustice is done to our homœopathic colleges by homœopathic preceptors sending their students, and in some cases even their own sons, to allopathic colleges. The general feeling seemed to be that the number of homœopathic colleges should not be increased, but that those existing at present should receive the moral support of every professed homœopathist, and that a concerted action should be instituted to raise endowment funds which would make the colleges less dependent upon the fees of students. There also seemed a general concurrence in the statement that the colleges' fees were at present altogether too low; that students should not be pauperized by giving them instruction at so much below actual value; and that the moral and financial interests of the colleges would be enhanced by a material advance in the fees charged for lectures and the laboratory and chemical advantages offered by our medical schools.

Dr. Horace M. Paine, of Albany, presented, as a supplemental report to this bureau, a paper urging the appointment by the several states of medical exam-

iners, whose duty it should be to supervise the granting of license to practice medicine. It seem to us, however, that the object aimed at by our indefatigable colleague could best be attained through the medical colleges themselves. The trouble is that the profession leaves the colleges in the hands of a few men, and expects these to show superhuman wisdom and unselfishness.

#### TUESDAY AFTERNOON.

DR. GEORGE B. PECK, of Providence, as chairman of the bureau of obstetrics, introduced for discussion the topic "Postpartum Emergencies." The papers of this bureau were mainly presented in abstract. The first one was prepared by Dr. C. G. Higbee of St. Paul, Minn., and related to the "Artificial Feeding of Infants." The second one was by Professor Sheldon Leavitt of Chicago, who treated upon the "Normal Third Stage of Labor." The third was by Dr. L. M. Kenyon of Buffalo, and related to "Puerperal Fever." The fourth was by the secretary of the Bureau, Dr. Julia Holmes Smith of Chicago, and dwelt upon the "Irregular Contraction of the Uterus during the Third Stage of Labor." The fifth paper was by the chairman of the committee, and was entitled "Pabula Neonatorum." The paper was read by title and referred.

Dr. O. B. Gause of Philadelphia, being in poor health and consequently unable to prepare a paper, Dr. J. M. Mitchel of that city appeared as a substitute and read a lengthy abstract of his paper on the "Complete Inversion of the Uterus."

Dr. Grosvenor, of Chicago, spoke of the inversion of the uterus, and cited a case which had been under the care of a midwife. Dr. J. C. Morgan, of Philadelphia, referred to a similar case in which he had been called in consultation. He never allowed the uterus to remain unfilled and uncontracted. The spiral direction must always be followed.

Dr. Owens, of Cincinnati, spoke of malarial poisoning in such cases as an absurdity.

Dr. Nichols, of Brooklyn, touched upon a case of the inversion of the uterus



after confinement, and then explained the mode of treatment employed which proved successful.

President Runnels cited a similar case that had come under his practice. He had arrested hæmorrhage by the pouring of cold water upon the abdomen. He made reference to a case which had involved a law-suit, which he won, and it also proved a triumph for the theory advanced by him.

The trend of opinion and experience was that inversion of the uterus, though a very rare accident, might occur from no fault of the accoucheur, and that it did sometimes occur in the practice of the most careful and painstaking men. Nevertheless, it is sometimes the result of ignorance and neglect; several such cases being cited.

We were very sorry that Dr. Peck's paper could not have been read and thoroughly discussed. Its subject—*Infant's Foods*—is a live one, that presses for attention upon us all, and we have no doubt that the statistics and other data gathered by the hard-working chairman of this bureau would have formed the basis of a most interesting and useful discussion if they could have been fully presented to the meeting. Next year it is to be hoped such valuable papers may find their proper reward.

**PROF. DOWLING**, of New York, initiated a very interesting discussion on pre-natal influences, by relating an instance of congenital malformation which had recently occurred in his practice. The mother of this abnormality had, during the early part of gestation, visited Barnum's Great Show, and been much horrified by the appearance of the Aztec children. In due course she was delivered of a monstrosity lacking in cranial development, and presenting a remarkable similarity in facial aspect to the Aztecs. Dr. Dowling was careful not to express an opinion as to the cause of this peculiar accident or coincidence; whether he had one or not this deponent is unable to say. Photographs of the case were handed about in the audience, and the doctor also mentioned two other cases, in which peculiar mental states had been followed by the birth of malformed children.

Dr. Grosvenor, of Chicago, related his experience in cases of children similarly deformed.

Dr. R. C. Moffat, of Brooklyn, touched upon the case of a mother in pregnant condition who was frightened by a kitten. The mental shock resulted in the production of a deformity.

Dr. Jno. C. Morgan, of Philadelphia, said that fortunately all or most all of the children born under such circumstances, do not live.

Prof. Reuben Ludlam, of Chicago, said that a sudden shock, from some cause or other, produces these results.

Dr. J. Nicholas Mitchell, of Philadelphia, recalled two cases, in which there was no brain, one of which was caused by syphilis in the parent, and in the other no cause could be found. Neither child breathed.

Dr. Kinne reported two cases in his practice. One was where the mother, while fishing with a party of friends, was frightened by a crab. The child, hideously marked, breathed but twice.

Dr. William Owens, of Cincinnati, mentioned a few cases of a similar character that had come under his observation.

Prof. J. D. Buck, of Cincinnati, also related his experience.

Dr. Moffat did not believe that the shock would effect any change after two months.

Dr. Beckett, of England, spoke of a special case in that country.

Dr. Dowling tried to draw out an expression of opinion as to the duty of the medical attendant in case such a monstrosity is born alive. Fortunately the physician is usually relieved of a necessity of a decision in the matter in these cases by the child accomodatingly being still-born, or dying after a few feeble gasps. But supposing the monster should show evidence of intention to live, should the medical attendant nip that possibility in the bud, or should he, as in normal births, do all in his power to prolong life, leaving the question of ethics to a higher power? This is the old question as to the moral right of a physician to produce euthanasia under certain contingencies. There is no doubt that the life of such a child would be a misery to itself, its parents, and all

involved, but has the medical man the right to take upon himself the powers of public executioner? The Institute blinked the question; it remains unanswered; and there we leave it!

PROF. J. D. BUCK, of Cincinnati, read a capital paper on "Philosophy and Science," as a part of the report of the bureau of psychological medicine, which was listened to with real interest.

Among other papers by this bureau was one by Prof. Lilienthal, of New York, on "Heredity and Insanity."

Dr. Lilienthal dwelt upon the degeneration of families by reason of the intermarriage of relatives. The subject was discussed at considerable length by the convention, the sum of which was that persons of the same temperament should not be joined in marriage, and that cousins, even when outwardly dissimilar, often possessed latent morbid characteristics or tendencies which made marriage a risky business as far as the health of offspring was concerned. People too often marry without considering the consequences. Dr. Lilienthal further spoke about the good which might be secured to unhealthily born children by surrounding them with pure moral influences, and by careful mental and physical training.

DR. S. H. TALCOTT, of the Middletown Asylum, read a paper on "Mental Activity and Brain Impressions," and Dr. Titus L. Brown, of Binghampton, one on "Medical Healing versus Medical Science."

#### EVENING SESSION.

THE bureau of pædology had the floor. Dr. R. N. Tooker, of Chicago, as chairman of the bureau, read a paper by Dr. L. G. Bedell, on "Asthma in children," the purpose of which was to show that the occurrence of asthma in children is purely a functional neurosis, entirely idiopathic and not in any manner associated with or following other diseases (notably whooping cough or measles), has been somewhat overlooked by the average practitioner, who has confounded such a case, when it has occurred in his practice, with spasm of

the glottis, or a symptomatic dyspnœa, associated with an already existing bronchitis. He regarded asthma as pre-eminently a neurosis, having its origin in the sympathetic, and concludes that the only relation which the pneumogastric sustains to the disease, obtains wholly from its intimate connection with the sympathetic, through the fibers arising from the sympathetic ganglia on the root and on the trunk of that nerve.

DR. TOOKER'S own paper was on "General Consideration of the Diseases of the Respiratory Apparatus." He said that according to Dr. West, whose deductions are based on a long series of reports made by the Registrar General of England, nearly one-third of all deaths under five years are due to the affections of the respiratory organs, while not above one in four dies under that age from diseases of the nervous system, and not above one in seven from those of the digestive system. He gave a history of many cases and the manner in which it was produced. In speaking of diphtheria, he said his observation had been that when several persons in the same family are successively attacked, the first case, however mild, affords no basis for a favorable prognosis in the next one, but rather the opposite. The second case is almost certain to be more severe than the primary one. Especially is this true, if the first case be very mild; and more especially if it be an adult, while the second case is that of the child.

DR. C. D. CRANK, of Cincinnati, read a paper on the "Respiratory Tract during Dentition." The phenomena of respiration, including pulmonary circulation, secretion and absorption, are peculiar to infants alone. The parts are more vascular, the capillary network more complete; the muciparous glands more largely developed; the mucous covering more delicate, and its sensitiveness and excitability far in excess of any other period of life.

Dr. Millie J. Chapman presented a paper on "Croup," which was very interesting. She gave its causes and treatment and cited several cases in which the disease was successfully and simply treated.

Dr. A. A. Whipple, of Quincy, Ill., read a voluminous paper on "Acute Laryngitis." He said the disease is an inflammation of the mucous membrane and submucous tissue of the larynx. It may be confined strictly to the larynx or associated with disease of other parts of the respiratory apparatus. He told how it was brought about, and the system pursued in the treatment.

A paper by Dr. M. Deschere, of New York, on "Lobular Pneumonia," was referred to the publication committee.

A brilliant discussion followed the reading of these papers, in which a score or more of the members took part. Dr. Pratt, of Chicago, justly criticised the therapeutics of some of the papers as being too general. What is needed is the special symptoms with the indicated remedy. Long lists of remedies which may be applicable in a general way are not instructive, and if a writer has nothing better to offer, it were as well if he had held his peace. The importance in diphtheria of giving nourishment in a form in which it could be easily and completely digested was dwelt upon. The free use of alcohol was strongly commended.

The value of alcohol as a local antidote to the diphtheritic poison is assured, but we opine that it is largely over-estimated as an internal remedy.

#### WEDNESDAY MORNING.

DR. D. G. WOODVINE, of Boston, presented a paper through Dr. F. Park Lewis, of Buffalo, on the "Treatment of Hypertrophied Tonsils." The paper was a valuable one, and was listened to with much interest.

Dr. H. P. Bellows, of Boston, presented a paper on "Gelatine Preparations for Aural Disease." He said that it is generally conceded that in the treatment of the diseases of the ear the remedies must at times be locally applied. The simplest way to do this is with gelatine preparations. He explained the matter clearly and thoroughly.

Dr. H. C. French, of San Francisco, Cal., presented a paper on "Operations for the Cure of Entropium and Trichiasis." He gave cases in which he had

been very successful in the treatment of the difficulty.

Dr. James A. Campbell, of St. Louis, presented a paper and sample of "A New Ear Electrode." It consists of two curved, movable, insulated arms passing through a small hard rubber block, which are easily adjusted to any head by means of two binding screws. The upper ends of these insulated rods terminate in sockets to which the conducting cords of any battery may be attached, thus permitting the use of the two currents, the positive on the one side and the negative on the other, which may be readily reversed. The whole electrode weighs but one and three-quarter ounces. It is retained in position by its own elasticity. The electrode has been used with good effect in chronic hypertrophy of the outer canal, irritation and subacute inflammation of the cartilaginous tissues near the orifice, diseases of the ceruminous glands, chronic otitis media catarrhalis, etc. In all hyperplastic or inflammatory conditions, galvanism is the most beneficial; in those cases where the defect depends upon innervation or irritation of the small muscles of the middle ear then the faradic current is of more service. Only the weakest currents of electricity should be used on the eyes or ears. Dr. Campbell said that his electrode was not patented and he had nothing to make by its introduction and use. He presented it to the institute as a gift to the profession.

Dr. B. W. James, of Philadelphia, read a paper on "Glaucoma," which gave much valuable information.

Dr. Alfred Wanstall, of Baltimore, read a paper on "Ferrum Phos. in the Treatment of Inflammatory Affections of the Ear," which was listened to with interest. He cited several cases and gave his successful treatment.

It was pleasant to notice in the discussion that followed the presentation of these papers that there was a strong current of feeling against surgical measures, and that operation should only be thought of as a last resort. Dr. H. C. Houghton, of New York, said he had listened with interest to the discussion. He had in the beginning of his practice resorted to operations, but he finds now



that remedies properly applied will cure. He believed that there were still some solid old planks in the ship of Homœopathy; that the knife should be the last resort, and that the remedy should be the first. He also believed in the use of electricity, when accompanied by the proper homœopathic remedy.

Dr. H. C. Allen, of Ann Arbor, said he was not a specialist, but he had had two or three lessons in the treatment of hypertrophy of the tonsils. He once asked Dr. Carroll Dunham if he could tell him how to cure a case of that kind, and received the following piece of advice, which he had never forgotten: "When you examine your patient for tonsillitis, don't allow the patient to open his mouth; never look at his tonsils. Don't prescribe for the tonsils, but for the patient." To my utter astonishment he prescribed Silica 30th, and it cured. He spoke of a case where removal had been recommended, and which he cured with Graphites in the 200th.

THE Bureau of Microscopy gave a synopsis or resumé of the discoveries and work done in this country and on the continent on the subject of bacteria within the last year. Vincent, on the Osteogenic power of the marrow of the bones, made experiments which prove that marrow transplanted furnishes true ossification, having the same property of making bone as the bony tissue of the periosteum. The common factor is the osteo blast. The first paper in the above bureau was by Dr. Conrad Wesselhoeft, on "Trituration of glass and copper, according to a new method of demonstrating the minutest attainable particles."

Dr. A. R. Wright presented a paper on "Resumé of Foreign Literature of Bacteria not already translated into English." A few of the subjects were the Bacilli of tuberculosis, ostes myelitis, malarial germ, vaccination, yellow fever, pyohemia.

#### WEDNESDAY AFTERNOON.

THE report of the Bureau of Gynecology came up at the opening of the afternoon session, and the subject for discussion was "Diagnosis and Treatment of Organic Diseases of the Uterus."

Dr. L. A. Phillips, of Boston, Mass., chairman of the bureau, explained the purpose and object of this subdivision, and said that the papers to be read would be brief and the result of personal observation and clinical experience.

The paper of Dr. S. P. Hedges, of Chicago, Ill., was read. It related to "Organic Diseases of the Cervix Uteri," and spoke of atrophy, hypertrophy, atresia and stenosis.

Dr. Philip Porter, of Detroit, Mich., read a paper on "The Diseases of the Uterine Lymphatic System." In concluding, he said: "Until there is some attempt at reorganization of the chaotic mass of remedies recommended for local use in all uterine disease; until there is presented for our consideration more acceptable reasons than those now given for their use, we do not feel justified in referring to them in this instance. They are very numerous, but in this case we may say, as of the therapeutical problem which is apparently distinguished by the variety of ways in which it can be solved, that this seeming wealth of gynecology conceals only their real poverty in the treatment of uterine maladies."

The next paper read was by Dr. H. K. Bennett, of Fitchburg, Mass., its title being "Diagnosis and Treatment of the Diseases of the Endometrium."

Dr. Phillips read his own paper on "Fibroid Tumors in the Uterus." He recommended, as a remedy, iodide of lime.

Dr. Moses T. Runnels, of Kansas City, Mo., prepared a paper on "Diagnosis and Treatment of Malignant Diseases of the Uterus," which was read by title.

Dr. Hall, of Providence, R. I., read his remarks on Dr. Hedges' paper. He commended the therapeutic and surgical management; and he also favored the hygienic management. Many physicians, in their practice, are apt to favor some particular hobby.

The iodide of lime was spoken of favorably in the treatment of fibroid growths, by Drs. Phillips, McClelland, and others. The hypodermic use of ergot was, on the whole, condemned as unsatisfactory and disappointing. The value of the peroxide of hydrogen in the



treatment of malignant diseases of the uterus was dwelt upon. When used cautiously, in about a four per cent. solution, this drug completely destroys pus, by effervescence, and leaves the surfaces in an aseptic condition favorable for healthy granulation.

DR. A. C. COWPERTHWAIT, of Iowa City, reported for the bureau of materia medica.

He said that on accepting this position he found himself at the head of an emasculated bureau, its practical work having been taken from it and given to a new committee on Drug Proving. In the absence, therefore, of any other material, the committee determined to write a history of the Homœopathic Materia Medica. For that purpose the work had been divided into several departments.

Dr. Henry C. Allen read a paper on the "State of Materia Medica at close of the 18th Century."

The other papers in this bureau included: "The efforts of Hahnemann for Materia Medica improvement, especially his introduction of the healthy vital test;" being a brief resumé of the subject by Dr. Winterburn, who was given the subject upon the death of Dr. E. A. Farrington, to whom it had been originally assigned. Dr. S. Lilienthal on "The works on Materia Medica issued by Hahnemann, their composition and value;" Dr. H. M. Hobart on "The addition to Hahnemann's works on Materia Medica by his disciples;" Dr. Chas. Dake on "The present state of the Homœopathic Materia Medica and measures for its improvement."

The chairman of the bureau offered the following:

"Resolved, That the title of the Bureau of Materia Medica and Provings be changed to that of Materia Medica and Therapeutics, and that it shall be the duty of this Bureau to treat of drugs in their relation and application to disease, and to report the clinical verifications of single and combined symptoms.

#### EVENING SESSION.

The evening session was called to order at 8.30 o'clock.

#### MEDICAL LEGISLATION.

DR. J. P. DAKE from the committee on Medical Legislation, reported the following resolutions, which were adopted:

"Resolved, That the American Institute would earnestly request individuals in the profession to refrain from the introduction, in either house of congress, of any resolutions or bills in behalf of Homœopathy till properly arranged for by our committee on legislation."

"Resolved, That the American Institute would urge upon all graduates of our colleges, who desire positions in the United States army or navy, the expediency of making their wishes known to the chairman of the standing committee on Medical Legislation before making application at Washington."

"Resolved, by the American Institute of Homœopathy, in session at Saratoga, that this institute recognizing the vital importance of the work of the National Board of Health, and the necessity of providing it with ample means for the prosecution of its scientific investigations into the causes of contagious and epidemic diseases, and the best means for preventing their appearance and spread, expresses the hope, that a measure so vital to the protection of the public health as involves the continuance of this board, will command the earnest and early attention of congress at its present session."

"Resolved, That the institute earnestly recommends the establishment of original research in all that pertains to Materia Medica, Therapeutics, and the Theory and practice of Medicine to be conducted with the Smithsonian Institute in Washington, and to be conducted by men eminent in all recognized systems of medical practice, with such opportunities for scientific and practical tests of their comparative value as proposed in the fifth section of a bill introduced by Senator Call of Florida, May 9, 1884."

"Resolved, That a copy of these resolutions be forwarded to the president of the Senate and speaker of the House of Representatives with the request that they be presented to these bodies respectively."

"Whereas, The establishment of a Homœopathic hospital at the capital of the nation through an appropriation by congress for that purpose marks an act of recognition by the general government that will be gratifying to every friend of Homœopathy throughout the world."

"Resolved, That the American Institute of Homœopathy accepts with gratitude this expression of national favor and returns its thanks to the senators and representatives who supported the measure, and to the National Homœopathic Hospital Association of the District of Columbia through whose instrumentality this act of just recognition was secured."

REPORT ON THE PRESIDENT'S ADDRESS.

The committee on the president's address submitted its report through Dr. Kinne, the chairman.

The following resolutions being recommended :

"We, the undersigned committee appointed to consider the practical suggestions contained in the address of our esteemed President O. S. Runnels, M. D., beg leave to submit the following as our report :

First, Hereafter in addition to the present qualifications required of an applicant for membership in the American Institute of Homœopathy, a candidate must have been a graduate of some medical college indorsed by this body, for at least three years, and produce evidence of his having belonged to some state homœopathic medical society (except in localities where such a society does not exist) in which case he must be recommended by three members of this association who are personally acquainted with him ; his initiation fee shall be \$2.

Second, It is the sense of this committee that Hahnemann's writings and especially the "Organon" should occupy a place on every college curriculum.

Third, This committee further recommends the adoption of some modification of the sectional plan at the institution meeting, and suggest that a committee be at once appointed to arrange the details and report upon them before the close of the present meeting.

Fourth, It also suggests that the societies mentioned in the president's address as having separate organizations of what should be bureaus of the American Institute of Homœopathy, be earnestly requested to appoint a committee of one from each of these societies to confer with the American Institute committee of five referred to in the third recommendation, at such time and place as may be mutually agreeable, and if possible effect an amalgamation with the American Institute.

Fifth, We heartily indorse the following sentiments expressed by our president : "We must provide every one of our bureaus with ample accommodations so that the bureaus in their turn may abolish all hindrances to advancement, and may cease forcing their members to consider only text-book topics and allow reports of original investigation along any line."

Sixth, Your committee advises the appointment of a committee of three to prepare or recommend, in accordance with the president's suggestion, an authoritative pharmacopœia.

Seventh, We report an earnest indorsement of the work being carried on by the English and American collaborators on drug pathogenesis and commend its continuance to completion and pledge our support to the end.

Eighth, We desire to express our keen appreciation of the stirring, practical and able address of the president and thank him heartily for his energy and efficiency.

Respectfully submitted :

THEO. Y. KINNE, Chairman,  
E. H. PRATT,  
BUSHROD W. JAMES,  
CHAS. E. WALTON,  
A. R. THOMAS.

The first resolution was taken up and after considerable discussion was laid upon the table.

On motion the by-laws were so changed as to make the initiation free \$2 instead of \$5.

The second and third resolutions were adopted without discussion.

To the fourth, objection was made by several members and on a vote it was lost by a vote of 70 to 55.

The seventh was objected to and the

following was substituted for the concluding clause :

Resolved, That the treasurer of the institute be instructed to continue our subscription for four hundred copies of the Cyclopædia of Drug Pathogenesis, at the rate agreed upon for the numbers of volume first.

The eighth was unanimously adopted.

The president appointed the following committee as ordered in the third resolution : Pemberton Dudley, Reuben Ludlam, T. V. Kinne, J. C. Burgher, I. T. Talbo.

PROF. TALBOT, of Boston, made an excellent showing for the bureau of surgery. The following *resumé* of Prof. Helmuth's paper was listened to with great interest :

In the further elucidation of this paper, in which the members of the bureau are expected to participate, the effort will be made to fully enter upon each of the considerations herein detailed, in order that at least a moderately exhaustive paper may appear in the transactions of the institute, and discussion be elicited at the next meeting. There are a number of traditional points connected with hernia that the light of modern experience does not bear out ; and there are other new and important considerations which require further elucidation. It is hoped that, by the united efforts of this bureau, a modern treatise on the subject may be prepared which will be of benefit to the profession. The members of the bureau, and others to whom this synopsis may come, are requested to aid the author in his researches, and especially, at the meeting of the institute, to give their personal experience on those divisions of the subject with which they have become familiar. This paper being prepared for practitioners, and not for students of medicine, the various simple definitions and details are omitted.

The subject has many divisions, the first being :

The frequency of hernia has given rise to much discussion, and from Malgaigne's tables, the number of males suffering from it is one to thirteen ; and of females, one to fifty-two. From this it will be seen what an immense number

of men and woman in this country, Great Britain and France are subject to rupture. The figures showing the relative frequency of the different varieties of rupture also indicate the far greater frequency of oblique inguinal, than of any of the other forms of protrusion. The reports from the surgeon-general's office, in this respect, are instructive. Out of 334,321 recruits examined for army admission, no less than 17,296 were rejected for hernia in one form or another, showing a ratio of about fifty per thousand ; and this percentage may be considered a tolerably fair estimate of the relative frequency of hernia among the laboring classes. Of these, the right inguinal, are by far the most numerous, being 8,598 ; the next in order is the left inguinal, which numbered 5,420 ; the double inguinal, 1,166 ; thus making the number of cases of inguinal hernia, single and double, 16,178, out of 17,296. If we also take into consideration that from the total must be deducted 651 cases of unspecified hernia, the immense proportion of inguinal over every other variety of rupture can at once be perceived.

The next point of interest, and one that ought to be carefully considered, is the nomenclature of rupture. I mean by this a definite understanding of certain terms given to the different forms of protrusion, either by the surgeons who have described their anatomical or pathological appearance, or according to the condition of the gut, or the appearance of the omentum. On some of these names all surgeons have been agreed from time immemorial ; upon others it is necessary that a definite understanding be reached, and the anatomy described, that confusion of terms may be prevented.

The novice readily understands the terms enterocoele, epiplocele and enteroepiplocele, and he has no difficulty in comprehending those forms of gut protrusion which receive their names according to their anatomical sites, viz., inguinal, femoral, umbilical, perineal, etc. ; or, according to the condition of those parts, reducible, irreducible, incarcerated, and strangulated ; but the difference between the "congenital" and the "congenital form" of hernia, between Birkett's "hernia of infancy"



and the "infantile hernia of Hay," the "encysted" of Sir Astley Cooper, and "hernia *en bissac*" of the French authorities, as well as other varieties, is not so generally understood, and the categories are likely to become very much confounded.

The simpler the classification, the more readily will the student understand the relations that one protrusion bears to the other. The characteristics of reducible, irreducible, incarcerated and strangulated hernia are of course too well known to need any mention in a paper of this character.

The surgical anatomy of hernia is always a matter of consideration and study and with very careful dissection, in a properly preserved or fresh cadaver, the ordinary points may be made out. I have myself, in some instances, been able to find all these coverings in the cadaver in persons who have not suffered from hernia during life, but my own experience is, that in those who have suffered from rupture during life, there is always more or less alteration of structure (even when there has been no strangulation), from the wearing of trusses, from an occasional incarceration or from the frequent manipulation necessarily performed by the patient to restore or keep in position the refractory intestine or omentum. The integument, fascia, and peritoneum, and in the femoral, the sheath of the femoral vessels are readily enough recognized, but the inter-columnar and cremasteric fascia, the septum crurale and cribriform fascia, can not in the majority of instances be discovered. Where strangulation exists, these layers of tissue need scarcely be looked for. The necessary exudation consequent upon the inflammation and strangulation destroys the relative position, nay, even the appearance of these parts, and the main object of the surgeon in operating must be *the recognition of the peritoneum*. These facts should be borne in mind by the inexperienced operator. Long ago they were recognized, and in Pott's \* celebrated treatise written now over one hundred years ago, I find these words, which are well worth recording :—

"However incredible or strange it may seem, yet I am convinced that operations have been performed, by the information obtained from books only, without any previous anatomical knowledge, any practice on dead bodies, and hardly, if any, opportunities of seeing any operations performed by others on the living; how grossly must such an operator be deceived, on account of the rings, as they are usually but absurdly called, of the abdominal muscles," etc.

One point is deserving of consideration in this connection, and that is the relation of the epigastric artery to both the external and internal ring, a second being also the relative position of the same artery to the crural canal. These will be fully considered in the completed paper.

Of all considerations connected with hernia, the diagnosis is the most important. As in many other disorders, a correct appreciation is often readily made out; indeed, I know of nothing more easily ascertained than the presence of an uncomplicated oblique inguinal hernia. The cough impulse, the disappearance of the swelling in the recumbent position, the inability to introduce the finger into the rings, satisfy the surgeon at once in regard to the nature of his case. All this is simple, yet on the other hand, there is nothing more difficult than to diagnose a complicated rupture; indeed, I have sometimes been puzzled to distinguish, especially in women, a femoral from an inguinal protrusion. It is well known that a femoral hernia turns itself upward and rides over Poupert's ligament; and when this is the case, and the hernia is irreducible, it requires great care and considerable time to get the gut sufficiently down, that the finger may be introduced into the inguinal ring which in the female is much less open than in the male, and is sometimes difficult to find even by dissection. This fact may be made evident in the performance of the Alexander-Adams operation for shortening the round ligament, for uterine misplacement. I have known an hour being expended in the endeavor to find it.

In making out a diagnosis of hernia, it is hoped that those surgeons who have difficult and perplexing cases, whether

\* A Treatise on Ruptures, by Perceval Pott, London 1775, p. 232.



they were successfully treated or otherwise, will give their detail to the bureau. There are many extremely obscure swellings on the thigh and in the groin, as well as in other portions of the abdomen which stimulate hernia, and to these especial attention should be directed. The simple forms of diagnoses also should be remembered. The order of differentiation might be made as follows :—

#### ORDINARY CONDITIONS REQUIRING DIAGNOSIS.

##### INGUINAL HERNIA.

|   |  |
|---|--|
| The diagnosis between In-<br>guinal Hernia,                     | <i>Direct</i><br>and<br><i>Oblique.</i>  |
| The diagnosis between it<br>and certain reducible<br>swellings, | <i>Congenital hydrocele,</i><br><i>Hydrocele of the upper por-<br/>tion of the cord,</i><br><i>Varicocele.</i>   |
| INGUINAL HERNIA AND THE IRREDUCIBLE SWELLINGS.                  |  |
| Inguinal Hernia,  | <i>Abscess,</i><br><i>Hamatocoele,</i><br><i>Sarcocoele,</i><br><i>Enlarged inguinal glands,</i><br><i>Ordinary hydrocele,</i><br><i>Undescended testicle.</i> |

Besides these points, there are extraordinary cases occurring from time to time which require diagnosis, which may occur in the experience of every practitioner to which attention should be directed.

##### ORDINARY CONDITIONS SIMULATING FEMORAL HERNIA.

|                 |   |
|-----------------|---|
| Femoral Hernia, | <i>Lipomata below the groin,</i><br><i>The pointing of a psoas ab-<br/>scess.</i><br><i>Varix of the saphena vein,</i><br><i>Enlarged glands.</i> |
|-----------------|---|

Then should follow a brief description of the interesting diagnostic points in ventral, umbilical, diaphragmatic, pudendal, and other hernia.

It must also be borne in mind that besides the retained testicle, other abdominal organs may lodge in the inguinal canal, and give rise to a protrusion that may be difficult to diagnose. Dr. E. C. Went mentions the case of an old woman, aged eighty-five, who had died of various senile disorders, who had worn a truss for years for a supposed inguinal hernia; the post-mortem examination revealed the right kidney in the canal, a portion protruding externally, with a short ureter, no pelvis, and connected by a firm fibrous band to the uterus.\*

It is not well either to neglect the ex-

amination of apparently trivial cases, for hernia, in some instances, may be mistaken for simple orchitis; and a no less distinguished surgeon than Dr. Valentine Mott, plainly stated that he was willing to stake his surgical reputation in a case presented to him by Dr. Post of New York, that the patient was suffering from a traumatic orchitis, when, as the result proved, he had a large knuckle of intestine within the scrotum. And a still more remarkable case is reported by Vogt, in which there was hernia of the stomach into the scrotum.

It is the opinion of the writer that taxis, in the majority of cases, is overdone, and performed often too roughly; that instead of restoring the intestine to its place, it frequently excites so much additional inflammation that further strangulation takes place, and the life of the patient is additionally imperiled. The proper pressure to be made should be *inversely to the course of the gut in its descent*, and in the majority of cases the limb should be so flexed, that those points at which stricture is most likely to be discovered will be relaxed. This appears to be the proper theoretical course to pursue; and yet sometimes, after this method has been perseveringly tried without any effect, by standing the patient straight up against the wall and making the rings tense, the gut has been known to slip beneath the margins of the openings more readily than when they were relaxed. The complete inversion of the patient has been found very effectual, and in some cases by the surgeon kneeling upon the bed, taking the patient beneath the knees, spreading the legs wide and drawing the body of the patient upward upon the person of the surgeon, the gut will slip into place. Many are the expedients that have to be adopted by the surgeon in endeavoring to replace the intestine, but in all of them too much handling of the gut can not be too strongly deprecated.

Sometimes, after manipulation, it is well to desist for a few hours, make hot applications to the parts, raise the foot of the bed, and administer nux vomica, veratrum, or arsenicum, before a renewal of the attempts be made. I am sure that I have seen, by such a method, so good a result, that an operation ready

\* Medical Record, Dec. 20, 1854.

to be performed was rendered unnecessary.

A very important point, which requires the united efforts of the bureau, is the treatment, by medicine or otherwise, of incarcerated and strangulated hernia. Very often practitioners have had valuable experiences in the medical management of hernia, which it is confidently hoped will be brought out in the discussion of this subject. A very interesting item regarding the use of coffee in strangulated hernia is mentioned by Sarra, who relates that he was called one evening to attend a man sixty-three years of age, suffering from a strangulated femoral hernia. The patient was nearly moribund; there was no appreciable radial pulse; the face was pinched, the extremities were cold, and the attempts made to vomit were almost incessant. Happening to remember the report of a similar case relieved by coffee, Dr. Sarra ordered an infusion of this substance to be employed as a drink, and also externally, and then took leave of the patient, warning the family that death was inevitable unless a prompt amelioration ensued. Upon returning early the next morning, he was surprised to find his patient in perfect health. The man stated that soon after taking the coffee, he experienced a feeling of warmth and returning strength, then a large quantity of gas was expelled above and below, and when he put his hands upon the tumor, it at once slipped back into the abdominal cavity, much to his astonishment as well as joy.

As has already been noted, in operating for strangulated hernia, the traditional "seven anatomical coverings" need never be looked for; if they are, I pity the operator, for he will find them. What he wants is to know the sac (peritoneum) when he comes to it, and to make up his mind whether he will divide the stricture (if he can) outside the sac; whether he will open the peritoneum and divide the constrictions within the sac, and what he will do with the sac—whether he will return it into the abdominal cavity, whether he will ligate it and let it slough off, or whether he will tie it at its junction with the abdomen, cut it off, and secure its stump within the wound. From my own ex-

perience, if the peritoneum is not too blue and cold, and the stricture can be found outside, I would advise its division without the sac; then would follow the application of hot antiseptic cloths to the peritoneum, until vitality returns, after which it should be replaced within the cavity of the abdomen.

If, however, we find we can not reach the stricture in this manner, then the peritoneum must be carefully slit upon a director, and the stricture divided within the sac; in such cases, if the peritoneum shows little vitality, and is gangrenous, it is best to bunch it up, tie it, cut it off, and secure the stump in the wound. I have even gone so far in cases of epiplocele as to cut away the entire protrusion, the patient making a good recovery.

There is a very important axiom that from my experience I can adduce, and it is this: After the strangulation of a hernia has been entirely relieved by operation, and the gut returned into the abdominal cavity, stercoraceous vomiting may continue and occur several times, thus giving great anxiety to the practitioner regarding the thoroughness of his operation. In such cases, the stercoraceous matter must have been in the stomach and duodenum prior to or during the operation.

Here, again, we require considerable experience in reference to the best methods. In most of these so-called radical methods, the patient is required to wear the truss, if not for the remainder of his life, for a very considerable time, so that these procedures are not by any means as satisfactory as we are often led to believe.

The operations of Gerdy, Wutzer and Wood are all open to objection, the latter giving me by far the most satisfaction, until the adoption of the more recent method. We must be careful in studying these methods, not to confound the operation of Dr. T. Wood, of Cincinnati, with Prof. John Wood, of London, although they are on much the same principle. Dowell, of Texas, also has an excellent method, which may be successful. Jamison, of Baltimore, followed Dzondi's transplantation method, and the "local irritation and compression method" of Pancoast, Velpeau,

Armsley and Riggs have had their staunch supporters, but have sunk into oblivion. The two methods which are at present engaging the attention of the profession are : First, that known as the radical cure by cutting off the sac, or the "open method ;" and second, the radical cure by the "Heatonian method." In the first, the incisions are made as in ordinary hernia, the gut is reduced, the sac being allowed to remain outside ; it is then encircled with a ligature and cut away, the stump being secured in the ring, the pillars of which are united with silver wire. Czerny, in Heidelberg, in 1879, gave an account of this method, and Gross (the elder) of this country, having a case of large scrotal hernia, united the edges of the rings. The author of this paper has modified this operation, and he hopes with good results.

These, in the more elaborate paper to follow this synopsis, will be fully entered upon, together with the statistics of the new operation and its history.

The second radical cure method is that of Heaton. It is so well known that it need not be described here. It is very important for the proper appreciation of this operation that every one who has performed it should give his experience, and especially his results.

The formulæ for the fluid have been variously altered by Warren ; these will be given in another place. The operation has also been modified by surgeons.

Heaton's method, though popular in this country and in Germany, has never been much in vogue in England. From my own experience, it does not bear out all that is claimed for it ; for though I have succeeded in some cases, about one-third, the balance have either had a return of the rupture after a space of from six to eighteen months' duration, or have had no permanent effect produced by the injection.

According to Dr. Schwalbe,\* who has written in favor of the method, twenty injections are required to effect a cure, and the period of time extends from two months to a year. Lately, Mr. Keetley has operated upon eleven cases with

complete success in all but two cases, which were somewhat benefited. Mr. Keetley makes something of a cutting operation combined with the injection method. The integument is incised down to the ring, and a director passed under the intercolumnar fascia ; upon the director the nozzle of the syringe is passed, and a concentrated solution of white-oak bark is injected into the canal. After this is thoroughly done, the pillars of the ring are drawn together by two catgut sutures.

The assumption that a truss is a means of cure is altogether denied by some, and as strongly maintained by others. The wearing of a proper pad,—I mean by this a pad making a gentle pressure in the proper direction, not only is of absolute necessity to prevent the dropping down of the intestine, but will in most cases cure a hernia. I have in my mind the case of a medical man, who had suffered from hernia for years, and who had given the matter especial study ; he had tried a great variety of trusses, and finally secured one which made an absolute and perfect cure of his case. This was over four years since, and there has been no return.

#### THURSDAY MORNING.

THE first paper was read by Dr. S. Lilienthal, of New York, on "Tubercle, its *Ætiology*." He said that diseases are often caused by a mere force, and an entity is not necessary for it. Scrofulosis tuberculosis and constitutional cancer are only different stages at different ages of one and the same cause, a lack of vitality, the constitution remaining undeveloped. Darwin's survival of the fittest proves it. Hahnemann called it *psora* and gives us the antipsorics, to cure, or, at least, relieve and support these poor half-developed patients.

Dr. H. Pomeroy, of Cleveland, Ohio, furnished a paper on "*Ætiology of Tubercle*," which was read in abstract by Chairman Owens. The paper emphasizes the necessity of a thorough knowledge of the cause of tubercle. The writer took the ground that tuberculosis may be inherited, or rather that a tendency to it may be induced by an error of nutrition or vice of constitution.

\* British Medical Journal, Sept. 19, 1885.



Dr. J. A. Rockwell, Norwich, Conn., read a paper on "The Tubercle; its relation to Nutrition." This paper assumes the presence of the bacillus in every well-established case of tuberculosis and its relation to the disease is probably causal; the atmosphere of the healthy active lung tissue being unfavorable to the development of the bacillus; in other words, that in the healthy tissue normal functional activity is seldom or never the seat of the disease; and that if *all* the tissues be suitably fed tuberculosis may be avoided or held in check; but *all* tissues must be fed, including the nerve centers. Fresh air for the lungs, oxygen for the blood, exercise for the muscular system, passive if necessary, and also exercise for mental and spiritual nature.

Dr. W. M. Owens, of Cincinnati, in his paper, claimed that statistics show that one-fourth of the entire population of the country are more or less scrofulous, and was therefore liable to be the subject of tubercle; and that one-seventh of the population dies from consumption annually, and quoted the United States census in support of this view. He divides the conditions which give rise to tubercle into two; essential and active, and that the "essential" is the diathesis, a predisposing condition, and that the "active" may be any thing or substance capable of inducing irritation of any of the tissues of low organization, and susceptible to low forms of inflammation, and that persons of high organization are not liable to become affected with tubercle. And that the French Academy of Sciences found that other substances, particularly the microsporon furfur, would produce precisely the same results as the bacillus tubercle cases.

DRS. Conrad Wesselhøft and Lewis Sherman deserve much credit for their very valuable original work in connection with the bureau of pharmacy. Both of these gentlemen have shown adaptability and earnestness in this department, and should the investigations which they have so ably begun be carried on in the same spirit by a large number of equally honest and earnest observers, the result would prove of immense practical importance.

## AFTERNOON SESSION.

DR. LEMUEL C. GROSVENOR, of Chicago, reported for the Bureau of Sanitary Science. He read a paper by Dr. M. H. Waters, of Terre Haute, Ind., his theme being "Our Homes, their purposes and intent, an index of our civilization." It spoke of the cell as now known to be a definite, anatomical and physiological unit, but in fact exhibiting all of the phenomena of organic life. The white corpuscle is subjected to ever-changing influences. As the character and condition of the cells determine that of the organ, so do the organs that of the body or individual. So potent and permanent are these results that they may be traced from generation to generation in peculiarities of heredity, especially marked in the transmission of physical and moral disease.

DR. W. H. BECKWITH, of Cleveland, contributed a paper on "Public Health." He criticised severely all adulterations, especially that of food. Attention was called to the evils arising from sewage, poisoned drinking water, sewer gases, decaying vegetables, cess-pools, market-malaria, poisonous germs in sleeping coaches, and vile food and drink. Several forms of adulteration were enumerated, beginning with maple sugar mixed with glucose and brown sugar; milk mixed with water, carbonate of soda, salt, borax, salicylic acid; butter adulterated with an excess of salt, cotton-seed oil, lard oil, carrots, anise and sulphate of copper; oleomargarine and its abominations; imported cheese mixed with arsenic and copperas; and limburger cheese soaked in urine; coffee mixed with chicory, peas, beans and hominy. The adulteration of liquors and beer is carried to such an extent that it is about impossible to secure any thing pure.

Dr. Anna Warren, of Emporia, Kan., read a paper on "Food, its Selection, Preparation and Adulteration." The importance of selecting food that contains the elements the system needs, and the necessity of having the source from which the food elements are derived pure, were dwelt upon. The importance of having the food properly cooked was emphasized. The food that is the most



essential and the cheapest is that which is the least successfully adulterated.

DR. H. E. BEEBE, of Sidney, O., read a paper on "Our Homes, the choice of a site." To have a healthy home, first, the local climate should be healthful, for many diseases are from local causes. Low, damp bottom lands, sluggish streams, or where mist is often seen, are not good places for building homes. Avoid locating where the winds bring currents of air from such places. Select an elevated site, not at the exposed top of a hill, but above the level of adjoining land to favor natural drainage. The land should slope from the house. There should be a wholesome, dry soil. It must be free from excessive moisture. Much depends upon the surface, for it is estimated that the ground upon which we walk is one-third air. The purity of ground-air is important, for the air above it depends largely upon it, and the house to be healthy must have a dry porous foundation. The physical condition of the soil exercises a great influence on the character of endemic disease.

The title of the paper read by Dr. E. U. Jones, of Taunton, Mass., was "The water we drink; its purity as an element of health; its impurities; tests for impurities; danger to health from impurities." A thoroughly thirsty man will reject the most tempting food for a glass of cold water. Every particle of food which we take contains its normal proportion of salts, but in a way and manner which has changed it a little in its chemical relations. He spoke of the necessity of having all wells located a safe distance from cesspools, drains, or any other means which would tend to contaminate it. It should be free from all products of decomposition, from metallic constituents, and from all causes of disease.

DR. PEMBERTON DUDLEY, of Philadelphia, Pa., read a paper on "The Sanitary Care of Contagious and Infectious Diseases." In speaking of the necessity of the utmost care and cleanliness, the paper spoke of the physician's clinical thermometer, saying that "it is amazing to observe the seeming

indifference of some of these; they place the thermometer under the tongue of a patient suffering with typhoid fever or other infectious disease, and then coolly slide it back into its velvet-lined case, infecting it also irretrievably; then using the same instrument in a similar manner upon other patients. It ought to be a rigid rule of the physician never to place a thermometer in the mouth of a patient until the instrument has first been thoroughly cleansed by a strong acid, a strong alkali, or a strong chlorine or other disinfectant."

DR. L. C. GROSVENOR read a paper on the "Sanitation of the Lying-in Chamber," in which he gave very minute instructions as to the care of things, including some new uses for old newspapers. Doubtless all this paraphernalia might be carried out in some families, but the number is limited. Cleanliness may be secured without fussiness.

DR. S. LILIENTHAL, of New York City, said that oleomargarine, rightly made, was cleaner than nine-tenths of the average "country butter." In regard to adulterated beer, he believed that any person who knew the taste of hops could not be deceived. Speaking of our homes, he said that a great mistake is made in not teaching young women to properly understand housekeeping.

Dr. Bushrod W. James said that water should be boiled before being placed in a filter. Many of the so-called pure waters are very deleterious. He used boiled milk as a beverage. All food should be thoroughly cooked, and nothing ought to be eaten in a rare condition.

Dr. H. C. Allen called attention to a standard work relating to the subject under discussion.

Dr. French spoke of a special case of typhoid fever on a farm. It was found that the family well was located within a short distance of the barnyard. Examination proved that the matter from the barnyard percolated the soil and poisoned the water. This explained the cause of the fever.

President Runnels said that most of the filters in the market are death-traps and should not be used.

THE following resolutions were adopted :

Resolved, That it shall be the duty of the chairman of each bureau to prepare or cause to be prepared synopses of the work done in sections, and present to the institute in general session such synopses and the original papers ; to be referred to the Publication Committee.

Resolved, That when any change or or suspension in order of business is made which affects sectional work, it shall be done with consent of the chairman of bureau or else by a two-thirds vote of the members in full session.

Resolved, That the chairman of each of the bureaus should provide each year an address on some subject contained within his section, which shall include a consideration of recent progress in such department of medical knowledge, and shall be discussed before the institute in general session, but shall not consume more than one-half hour for delivery, and shall not be discussed except in sectional meetings.

A BANQUET was given in the evening by the proprietor of the Grand Union Hotel to the members of the institute and their guests. It was a pleasant affair, but without particular incident. The only note-worthy occurrence was the reception of a telegram from President-elect Orme, as follows :

My profound acknowledgments to the institute for kind expressions and for the extraordinary honor of electing me president during my absence. I shall trust to the members to support me in my efforts to prove worthy of the confidence, and to make the next meeting, if possible, a greater success than the present, so that we may be proud and still prouder of our glorious old institute. Am improving. With pride and gratitude.  
F. H. ORME.

Dr. Dowling also stated that he had been requested to announce that no toasts would be given and no speeches made and laughingly intimated that it made him unhappy to say this, as he had a speech ready for the occasion.

In place of this however, it was announced that a quartet of good singers

was present and would entertain those of the guests who would adjourn to the drawing-room, while the band would engage the others in the ball-room, where the juniors might "trip the light fantastic."

#### CLOSING SESSION.

Dr. J. S. Mitchell, of Chicago, reported for the bureau of clinical medicine. A paper by Dr. Schley, of New York, was read. Professor Dowling read a very elaborate and able paper which was much applauded.

A memorial service in honor of members deceased during the year closed the session.

OUR esteemed correspondent S. L., furnishes the following note on the institute meeting :

The thirty-ninth annual session and forty-third anniversary of the American Institute of Homœopathy is now a part of the history of our beloved Institute, and it may be worth while to take a retrospective view, and see what has been accomplished. It may be considered a good omen that all expressions of strictly upholding the tenets of true Homœopathy were heartily applauded ; showing that the spirit of Homœopathy is firmly implanted in the hearts of its disciples, and that the fostering care of its principles is entrusted to faithful heads and hands. It is sadly true that too often aberrations could still be noted, especially during the discussion of diphtheria, where, it seems confidence in the application of our remedies is wanting, and the same may be said when the bureau of gynæcology had its prolonged session, and the bureau of materia medica squeezed into narrow limits. This very squeeze set the members to thinking, as they verified, that it is an impossibility to do justice to so many different bureaus in the short space of four days, and if members work hard during the interval to offer valuable contributions to the general fund of medical art and science, it is but justice to allow the essays to be read and discussed.

This, the president of the Institute, Dr. Runnels, of Indianapolis, mentioned already in his excellent address, and his recommendations were unanimously ac-

cepted. Henceforth, the Institute allows two sectional meetings to be held at the same time, only three bureaux will have their reports before the whole institute, viz.: The bureau of *Materia Medica*, of *Provings*, and of *Education*, for these subjects are interesting to every disciple of Hahnemann; especially that of education, as, on the welfare of our colleges hinges the progress and the prosperity of our school.

In honor to all special societies, it may be gratefully recorded that one and all, except one, were willing to give up their sectional character, for they have now secured time and place, inside of the Institute, to follow their specialties in prolonged sessions, without fearing that the terrible gavel will stop all further discussion.

Only the International Homœopathic Association keeps aloof and excludes itself from any contamination with the unclean Institute. It is true, and to their honor it may be said: They are the Simon-pures, and anathema to any one who uses a palliative. Is that the teaching of the Great Physician, or did He go among sinners to redeem them from their evil ways, and to teach them the truth? How much good such strict adherents could accomplish inside of the institute! For the soil is not barren and needs wholesome instruction. Will they come back to the fold, which would be only too glad to bid them welcome? That separation was a fatal error, but amendments are in order.

Although the initiation fee of five dollars is but a small consideration in order to become a member of the institute, still it was whispered about that many a poor young man would join if he could spare that ten-dollar bill for initiation and yearly dues (value received in the transactions) from his pocket-book, and to remove this objection, the initiation fee was reduced to *two dollars*. We lay emphasis on this point, for we desire every one of our colleagues to join in the work of the Institute, especially as the doors are thrown wide open, and the proposition of a three years' active practice before admission would be granted by the Institute, was voted down by a large majority. All that is required is: A full belief and adherence to the law of

*Similia similibus curantur* and its application, to the best of our poor abilities, in every case which needs drugs for restoring the healthy balance.

Ho for Saratoga in 1887! But we hope the officers will select next year the United States Hotel for the place of meeting. It is not the first time that Judge Hilton showed his narrow-mindedness; and the expulsion of the gentlemen who wish to show surgical appliances, drugs and other inventions in their lines to the medical profession from the hotel, deserves to be branded as unwarranted and unwarrantable. The United States offers better advantages.

Au revoir at Saratoga.

**D**R. E. S. COBURN, of Troy, who labored so indefatigably and efficiently for the success of the meeting, deserves all praise. His carefully considered arrangements for the meeting were duly and fully carried out, and the Institute showed their appreciation of his good works by asking him to take charge of the meeting next year.

As far as could be ascertained, members were present as follows: From Arkansas, 1; Connecticut, 12; California, 2; District of Columbia, 1; Delaware, 2; Florida, 1; Illinois, 15; Indiana, 2; Iowa, 4; Kansas, 1; Maine, 2; Maryland, 2; Massachusetts, 43; Michigan, 3; Missouri, 2; New Hampshire, 1; New Jersey, 6; New York, 64; Nebraska, 1; Ohio, 13; Pennsylvania, 26; Rhode Island, 5; Tennessee, 1; Texas, 2; Virginia, 1; Vermont, 3; Wisconsin, 2. Total, 218. There were 114 present at St. Louis in 1885, 203 at Deer Park in 1884, 179 at Niagara Falls in 1883, 162 at Indianapolis in 1882, 316 at Brighton Beach in 1881.

The new officers are:

President, F. H. Orme, of Atlanta, Ga.; vice-president, A. R. Wright, of Buffalo, N. Y.; secretary, J. C. Burgher, of Pittsburgh; provisional secretary, T. M. Strong, of Ward's Island Hospital; treasurer, E. M. Kellogg, of New York; board of censors, R. B. Rush, T. F. Smith, H. P. Clarke, R. F. Baker, Mary A. B. Woods.



**AMERICAN OBSTETRICAL SOCIETY.**

THE American Obstetrical Society held a meeting on June 30, in the club room of the Grand Union Hotel. Eighteen new members were elected. It was decided to hold all future meetings in New York City, the meetings to be semi-annual and consist of at least two sessions; the next one to be on December 29, 1886. Several applications for membership having been received from foreign countries, it was, after discussion, decided to limit the membership to physicians resident in the United States and Canada. The officers elected were: President, Geo. W. Winterburn, of New York; vice-presidents, R. N. Foster, of Chicago; S. P. Burdick, of San Francisco; Walter Wesselhœft, of Cambridge, Mass.; J. Nicholas Mitchell, of Philadelphia, L. L. Danforth, of New York; secretary, Charles A. Bacon, of New York; treasurer, Clarence W. Conant, of Orange, N. J. The committee on by-laws, constitution and organization was continued.

**NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.**

The semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held this year at Niagara Falls, on September 7 and 8. The time, the place, and the interesting and varied programme which has been arranged, all conspire to make a most enjoyable and profitable session. We hope that there may not only be a large attendance of the members of the society, but that all of our readers resident in the state, or in Pennsylvania, or Ohio, may feel that they will be warmly welcomed, and that their presence is cordially desired. We feel sure that we are but echoing the wish of the President, the genial Henry C. Houghton, that every body who desires the success of Homœopathy in this state, and in general, should be made to feel at home at the meetings of the New York Society.

**KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY.**

A convention of homœopathic physicians was held in Lexington, Ky., on

July 14. Every section of the state was represented, and the Lexington *Daily Transcript*, says: "They were certainly a very intelligent, wide-awake body of men, and discussed their affairs in a manner which showed them to be earnest thinkers as well as active workers."

The meeting organized by the election of Dr. George M. Ockford, chairman, and Dr. H. W. Bewlay, secretary. After a motion was adopted to proceed to organization of a State society, a constitution and by-laws were adopted, and then adjournment was had for dinner.

After dinner, several interesting cases were reported and discussed by the society, and immediately thereafter an election of officers took place, with the following result:

President, Dr. J. A. Lucy, Georgetown; Vice-President, Dr. George M. Ockford, Lexington; Recording Secretary, Dr. S. M. Worthington, Versailles; Corresponding Secretary, Dr. C. P. Meredith, Eminence; Treasurer, Dr. J. A. Van Sant, Mt. Sterling; Board of Censors, Drs. A. L. Monroe, Louisville; H. C. Kasselman, Midway; O. H. Buck, Paris; Auditors, Drs. T. Van Sant, Paris; H. C. Kehoe, Cynthiana; W. M. Daugherty, Corinth.

Bureau were appointed to prepare papers for the next annual meeting, with the following chairmen:

Materia Medica—Dr. A. L. Monroe, Louisville.

Clinical Medicine—Dr. J. C. Welch, Nicholasville.

Obstetrics—Dr. T. H. Hudson, Frankfort.

Gynæcology—Dr. W. M. Daugherty, Corinth.

Diseases of Children—Dr. H. W. Bewlay, Lexington.

Surgery—Dr. M. Dills, Carlisle.

Sanitary Science—Dr. O. H. Buck, Paris.

A Committee on Legislation was also appointed, consisting of Drs. H. C. Kehoe, D. Gober, J. T. Van Sant, C. S. Holton, and George W. Righter.

And some further business and discussion, the society adjourned to meet in Lexington on the third Wednesday in May, 1887.



## ITEMS.

There were several interesting exhibits in the Congress Hall annex at the recent meeting of the American Institute, among which the following: Wells, Richardson & Co., lactated foods; Seabury & Johnson, medicated plasters; Horlick, Food Co., infants' food; Parke, Davis & Co., and John A. Weyth & Co., medicinal preparations; Otis Clapp & Son and Boericke & Tafel, pharmacists; Chapman, Green & Co., Rose's beef extract; A. J. Ditman Co., bovine.

Dr. J. Kafke, of Prague, Austria, celebrated his golden wedding to the medical profession on June 16th. The Central Society of Germany sent him their diploma as also the societies of Homoeopathic Physicians of Berlin, of Saxony and of Hungary. Drs. Bakody and Syontagh sent congratulatory letters to the venerable senior of Austria physicians, who for many years may still remain the beacon light of Homoeopathy for the European continent. The University of Prague and many Allopathic societies honored themselves by honoring the man of 76 years, whose device through life is *nulla dies sine linea*.

Dr. Gershom Nelson Brigham, one of the best known of our homoeopathic writers, and a frequent contributor to this journal, died suddenly of angina pectoris, at Roger's Park, a suburb of Chicago, on June 21. Dr. Brigham was born in Fayston, Washington county, Vermont, March 3, 1820. His father, Elisha Brigham, was one of the early settlers in the place and a man thoroughly devoted to the advancement and welfare of his home. Dr. Brigham received his preparatory education for an active business career at the Washington county academy and the academy at Poultney, Vt. He acquired early a desire to study medicine and for this purpose entered the office of a Dr. Joslyn, in Waitsfield, Vt., in 1842. Subsequently he studied with other doctors, and finally entered the Vermont Medical College at Woodstock, from which he graduated in 1845. Soon after his graduation he married Miss Laura E. Tyler, of Fayston, Vt., and settled in Warren, where he at once began the practice of medicine. With five comrades he founded the Vermont Homoeopathic Society, of which he was elected president. In 1869 he was elected a member of the American Institute of Homoeopathy. Leaving Warren, Dr. Brigham settled in Waitsfield, and finally became settled in Montpelier, where he remained until 1875, when he removed to this city, and has since been intimately associated with its interests. He has been prominent among the practitioners of the city, enjoying a large and lucrative practice and being honored and respected as an intelligent, highly educated and public-spirited man. On March 1, 1873, his wife died, and two years later he married Miss Agnes Ruth Walker, of Evanston, Ill., who now survives him. Dr. H. C. Brigham, of New York city, Willard L. Brigham and Miss Julia L. Brigham, children of the first marriage, and three small children of the second, survive him.

\* In keeping with the season, the "Midsummer holiday" CENTURY is noticeable for richly illustrated articles and fiction. Of the former, the opening paper is an entertaining description of

"Algiers and its Suburbs"; Mrs. Lucy M. Mitchell contributes a picturesque account of the Town, Castle, and University of "Heidelberg." The paper derives a timely interest from the fact that the five-hundredth anniversary of the opening of the university falls on October 18th of this year. "Sea-Birds at the Farne Islands," by Bryan Hook, with illustrations by the author, gives a description of the birds to be found off the Northumberland coast on the islands with which is associated the heroism of Grace Darling; "The Western Art Movement," by Ripley Hitchcock, reveals art tendencies and achievements which will perhaps surprise those whose attention has been absorbed by the art growth of New York, Boston, Philadelphia, Baltimore and Washington.

A sketch portrait of John Burroughs is the frontispiece of the number, and Miss Edith M. Thomas contributes a short paper on "John Burroughs and his Last Two Books"; Charles G. Leland gives the romance of "A Gypsy Beauty," the famous Charlotte Cooper, whose portrait by Leslie is reproduced in a full-page engraving.

In the seventh part of "The Minister's Charge" Mr. Howells reveals his country hero, Lemuel Barker, troubled with a sense of doing menial service and anxious to be understood as not engaged to Statira. Julian Hawthorne contributes the short story of the number, entitled "Colonel Spaight's Prejudices"; and in the first part of his novelette, "The Casting away of Mrs. Lecks and Mrs. Aleshine," Frank R. Stockton develops an irresistibly droll situation.

In the War series, "The Battle of Fredericksburg" gives scope for varied and stirring illustration. General James Longstreet contributes the title paper and the Confederate view. The Union assaults upon the memorable stone wall are described by General Darius N. Couch, who was virtually in command on the field of "Sumner's 'Right Grand Division'"; General William F. Smith writes anecdotally of the part taken by "Franklin's 'Left Grand Division,'" and his article contains several foot-notes by General W. B. Franklin. General Rush C. Hawkins brings new facts to explain "Why Burnside did not renew the attack," and Major J. Horace Lacy, then the owner of the famous mansion known as the "Lacy House," contributes several anecdotes of the Confederate commander, under the title, "Lee at Fredericksburg." There are five full-page pictures among the thirty-four War illustrations of the number.

Dr. Washington Gladden writes of the question, "Is it Peace or War?" as regards the relations of capital and labor, and states the situation on both sides with great force and fairness. The first editorial in "Topics of the Time," entitled "Falschood of Extremes," also deals with the labor troubles; and in "Open Letters" Alfred Bishop Mason writes of "A Dutch Success in Cooperation."

The poems of the number are contributed by James B. Kenyon, George Edgar Montgomery, Mrs. Frances Hodgson Burnett, and in "Bric-a-Brac" by Robertson Trowbridge, Julie K. Wetherill, James T. McKay, Margaret Vandegrift, and Wallace Peck.

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THE PROFESSIONAL OUTLOOK.\*

BY

BUSHROD W. JAMES, A. M., M. D.,

of Philadelphia.

MR. PRESIDENT AND MEMBERS:—It is well that we should assemble, and occasionally divest ourselves of the routine work of professional life, and run over in our mental vision the situation as it exists to-day in matters of medical reformation. Let us then in our individuality and together scan the general outlook.

Sixty years ago, when the old school system of medicine reigned supreme in this country, the condition of therapeutical science might have been compared in this, and even in the older countries, to a tropical forest where growth was dense, wild, unrestrained, subject to no law, and without order; in short, it consisted of a chaotic mass of theories and practices which had sprung up here and there along the highway of medicine, measured by its thousands of annual milestones, and which had been allowed to stand or fall as they could, until a dense entanglement ensued.

Medical reform had elsewhere, under the leadership of Dr. Samuel Hahnemann already begun the Herculean task of trimming out clearings, preparatory to the removal, in the near future, of the entire overgrowth.

Into the American section of this vast wilderness of perplexity and doubt, there entered a solitary traveler, who came unaided, save that he carried with him a compass, sure and unfailing, that was to guide him on his perilous journey, and in his arduous labors, and

bring him safely and triumphantly through to success.

We refer to that grand old German pioneer, Dr. H. C. Gram, who introduced homœopathy in the United States in 1825. Long may his name live, and receive an honorable place among those which are handed down from generation to generation as benefactors of their race.

Who can compute the inestimable value of the gift he brought us, or sufficiently appreciate the work of a pioneer in such a field. We can scarcely imagine the patience, courage and strength it has taken to inaugurate the condition of things we now enjoy, to cause daylight to replace the gloom and discouraging sombre of night, to bring law and order from chaos, and convert the then existing wilderness into a well cultivated garden, wherein *similia similibus curantur* was planted, and has become firmly rooted, permanently established and flourishing most gloriously, the fairest of exotics.

How great the task must have been for all our great pioneers. The hewing down of towering errors; the uprooting of fallacies accepted as truths; the removal of fungus growths and parasitical forms which preyed upon the truth, impoverishing its vitality and impairing its usefulness. How difficult the clearing out of the undergrowth of mistaken notions, which had sprung up and obstructed the progress of all who pressed toward the goal of medical knowledge; and likewise the restraining of the wild growth of therapeutic imagination and the substitution of facts for fancies, and unreliable theories.

As we review the past we are impressed with the reality that homœopathsists are no longer *pioneers*, but that they have long passed that period of their existence, and may now devote

\*An address before the R. I. Homœopathic Society at Buttonwood Beach Hotel, Warwick, R I, July 16, 1886.

themselves to the cultivation of the heritage secured to them by their predecessors.

Now, that the struggle for mere existence has ceased, we may devote ourselves to the more ornate acquirements and the pursuit of culture. We can now constantly raise our standards in every department, and particularly in that of our colleges and other educational organizations.

Who will deny that we should strive to give those who are starting in the race, the very broadest and deepest foundation upon which to build the superstructure of their professional careers? Let us provide for them a sufficiently broad education, so that they will "seize the truth where'er 'tis found," and not be afraid simply because it is not labeled "homœopathic;" for let us not in our enthusiasm for our law of prescribing, which is undoubtedly the best, lose sight of the never-to-be-forgotten fact, that it is but a part of therapeutics, and that therapeutics, in turn, constitutes but one branch of the science of medicine.

Dr. W. H. Holcombe sums up these points very ably when he says: "Homœopathy is not a new and perfect science of medicine, but a grand reform in one department of it. It has no new anatomy, or chemistry, or physiology, or pathology. It has no new surgery or obstetrics, although it has made great improvements in the treatment of surgical and obstetrical cases."

It does not reject the accumulated experience of the ages. It is not "the grave of scientific medicine," but its cradle. It holds fast to that which is good in the store-house of the past.

Every fact is of use to it. Every truth is in sympathy with it. It repudiates nothing but error. The whole cycle of the sciences, physical and psychological, is necessary to its full and final development.

There are many measures (not medicines) valuable and indispensable in the treatment of disease. Such for instance, as relate to the proper and scientific regulation of temperature, light, air, water, food, exercise, habits, and the various influences which modify our mental and moral life."

So mighty is the law of the "similars," that sometimes it occupies our whole field of mental vision, and we may become blinded to the importance of aught else in the realm of medicine.

This is a deplorable mistake, incompatible with the progressive spirit of the age, and the reform we represent, and one against which we should guard, as against the inroad of any of the intrigues of the powers of darkness.

The period of time that has accomplished the emancipation of therapeutics from the thralldom of empiricism, and placed this branch upon a scientific basis, has been marked by equally great progress in the other departments of medicine.

Consider our present almost perfect knowledge of the structure and functions of the human body in a state of health, much of which has been revealed to us by the later researches in the fields of anatomy and physiology.

Think, also, how, almost daily, some new discovery is being made, which adds to our information concerning pathological states of the organism, and what great things, improved methods of chemical analyses and microscopic examination, have done for us in these branches.

Yea! entirely new fields of research have been opened up, and sciences have been developed which were unknown sixty years ago.

Let me refer to a single research—*Bacteriology*. The subject that has been so elaborately investigated, although, upon which, such diversity of opinion is still held that we are fain to exclaim with Dr. Wm. Tod Helmuth:

"Oh, powerful Bacillus,  
With wonder how you fill us  
Every day;  
While medical detectives,  
With powerful objectives,  
Watch you at play."

The great question at present to be settled says Dr. Loomis, in his recent lecture on Bacteriology, is whether we are about discovering the ultimate cause of many hitherto obscure pathological states, or whether the microbes are only bacteria of health taking advantage of diminished vitality to develop with in-

creased rapidity—whether they are the cause or the scavengers of disease.”

Although, with many, this remains an undecided question, still considerable interest attaches to the experiments conducted by Dr. Cantani, who utilizes the known antagonism existing between the bacterium-termo, or the hay bacterium, that of decompositions, and bacterium tuberculosa, by the inhalation of the former, in the shape of infected spray by the invalid, in cases of phthisis pulmonalis.

Success has thus far attended somewhat upon his efforts. Still some authorities are prepared to doubt his novel proposition.

The definite bacilli of several pathological conditions have, however, been positively demonstrated, as for instances, of tuberculosis, anthrax, typhoid fever, relapsing fever, pyæmia, erysipelas, pneumonia, etc., and probably before long we shall then know the special form of all bacteria peculiar to every bacterial disease.

Time is inadequate for more than a passing notice of the wonderful strides more recently made in

*Surgery.*—The introduction of general sanitary and *antiseptic* precautions in surgical treatment, has done much to advance that branch of medical science. Surgeons no longer restrained by fear of septicæmia, have become wonderfully daring, and have ventured much and gained more. Advocates of antiseptics bring forward statistics which are potent and undeniable arguments for their cause.

Another factor in the advance of surgery is the general use of *anæsthetics*.

In 1844, the anæsthetic effect of nitrous oxide gas was discovered by Dr. Horace Wells, a dentist of Hartford, Conn. Two years later Dr. Morton, also a dentist, discovered this property in sulphuric ether, and in 1847 Sir James Y. Simpson found chloroform also to be an anæsthetic.

General anæsthesia has proved itself one of the greatest blessings of the age, but it is, notwithstanding, sometimes attended with trouble, risk, and discomfort; and in minor operations, especially those upon mucous surfaces, is most advantageously superseded by *local* insensibility to pain.

Various agents have been discovered to produce local anæsthesia. The one now commonly in use, hydrochlorate of cocaine, has been used for the purpose for over two years, with good results. A later and probably better production is the benzoate of cocaine, which is more pleasant, and less likely to cause pain and uneasiness on applications, or leave after effects.

Now that operations can be painlessly and antiseptically performed, surgeons have ventured further and further until the cranial, thoracic, and abdominal cavities are opened with impunity, a kidney, a spleen, a uterus, and ovaries can now be successfully removed, and even the more delicate operations of evacuating the pericardial sac of its dropsical contents is quite easily performed and the skull and brain opened for cerebral abscess when its location can be determined.

Dr. Llewellyn Eliot writes: “The surgery of the abdominal cavity being an assured success, the veriest tyro will not hesitate to ‘rush in’ where angels fear(ed) to tread.”

All the abdominal and pelvic organs have been operated upon, and in many cases extirpation of an organ has been practiced, not only without the sacrifice of the patient’s life, but to be followed by a marked improvement in health, and this is particularly true of the pelvic organ.

The tendency of the present day is in the direction of

*Specialism*, and great proficiency in the treatment of diseases of the various organs is thereby developed. We are pleased to note the number and influence of specialists in our own school, because we consider it a sign of progress, though they are strictly speaking nothing new, for Herodotus wrote, “each physician devotes himself to one disease and not more; all places abound in physicians, some for eyes, others for the head, and others for the teeth, etc., etc.” Still, it insures us the further development of all the special branches, for a specialist is one who knows something of every thing, (in medicine), and every thing of something or some *one* thing.

Great advances have recently been made in the knowledge of special de-



partments of medicine. The science of *ophthalmology* has been wonderfully developed within the last thirty-five years ; since Helmholtz discovered the ophthalmoscope in 1851, and Donders worked up the subject of refraction and the correction of its errors ; and this branch is still developing new ideas, and steadily progressing and opening wider fields of research.

*Otology* has attained its present advanced condition in a comparatively short time. As the ear and its diseases have become better understood, we have learned the great necessity of prompt attention to suppurative inflammation of the middle-ear, and the serious, sometimes fatal results of neglect of this condition.

*Laryngology* is a branch that has deservedly received much attention. Among the improvements in this department of science this year, is intubation of the larynx, which has been revived by Dr. O'Dwyer, of New York, and his method and its suggested precautions have given such good results, that it has to a certain extent quite replaced tracheotomy.

*Sanitary Progress.*—The *prevention* of disease has received such marked study during the last decade that the carelessness of the laity in past years is now vanishing, and the great demand and outcry is for the best appliances to prevent infection from malarial, contagious or epidemic diseases, or injurious results arising from bad ventilation, poor drainage, or improper food and drink.

Great strides are constantly being made all over this land, whenever good sanitary journals and books can reach and find readers.

We earnestly hope that before another three-score years have passed, the progress of medical reform will have been so extended that "pathists," as such, of any school, will have ceased to be conspicuous in the field of scientific research, that members of our school will be among the leaders in all departments of scientific medicine, and that we may number among us hosts of such as have no peers in any school. Then, instead of complaining of professional illiberality, we shall have proven our system of treat-

ment and school of medicine so progressive, so unbiased, and its adherents so well-informed ; and, withal, such authorities upon the different branches, that old code regulations will be so obsolete as to cause wonder and merriment at their very mention.

This is an age of change ; an age of progress ; an age that sifts out the truth, weighs scientific research in the balance, and ceases not its observation and criticism until facts are determined, laws formulated, and truths established ; and woe betide us, as men of science and education, if we blindly close our eyes to the march of events, to the rolling wheels of the speeding chariot of medical reform and progress, and become maimed and crushed beneath it as it flies onward and forward with civilizing and vivifying power to the centuries beyond.

And now, what has three-score years done for us ? In 1824 not a pellet nor a powder, not a globule or a dilution from the Atlantic to the Pacific, or from the gulf to the lakes, and now thirty-three pharmacies are in existence, representing a capital of about one million of dollars.

Then, not a book printed here devoted to homœopathy ; now, hundreds of thousands of dollars annually go into the publication of new homœopathic works.

Then no homœopathic colleges or degrees ; now thirteen colleges having (in 1886) eleven hundred and twenty-four matriculants, and seven thousand three hundred and forty-five alumni.

Then no journals, now twenty-two, with thousands and thousands of subscribers and readers. No organizations then, now one national society, (42 years old,) six sectional, twenty-eight State, ninety-two local, and sixteen club and "specialty" societies. Fifty-four Homœopathic hospitals and asylums treated annually more than twenty-seven thousand invalids, and forty-eight dispensaries giving out, during the past year, to one hundred and fifty-nine thousand six hundred and twenty-nine patients, three hundred and ninety-three thousand and three hundred and eighty-eight prescriptions. Finally, we had then the one pioneer, and now we have nearly ten thousand practitioners with a

clientele of eleven million people who employ homœopathy. A vast host of the laity is thus seen to be enrolled under, and hel to carry the unfurled banner of "Similia."

And still they are coming ! coming !! coming !!! Yet our opponents say homœopathy is "going down." Yes, my friends, I think it is. It is now on the hill-tops and mountain-peaks of success, and is "going down" to "possess the land" in

the richer and riper valleys and fields beyond.

We make this outlook with you to-day, for the harvest is ripe ; the golden grain gladdens the vision in the bright sunlight of destiny, and urges on.

So let us rejoice in the prospect together, and march on with this progress, and peer forward with illuminated eyes into the glorious medical future.

## THE TIMES OF THE REMEDIES.

COMPILED BY DR. IDE, OF STETTIN, TRANSLATED BY

PROF. S. LILIENTHAL, M. D.

(Continued from Page 212.)

### NOON.

After dinner, Hypochondriasis : Nux v.

" " Laziness : Oleand.

" " Vertigo : Nux v.

" " one hour afterwards, Vertigo : Selen.

" " headache : Alum., brom., cast., nitr., zinc.

" " headache, worse or coming on : Nux v., zinc.

" " headache passes off : Phell., tong.

" " toothache : Berb., lach., nux v., puls.

" " Dryness of mouth : Nitr.

" " diarrhœa : Alum., ammon. m., nitr. acid, nux v.

" " erections : Nicc.

" " cough, especially after eating meat : Staph.

" " stretching : Laur.

" " yawning : Laur., magn. m., sulf. acid, tabac.

" " weariness : Asar., oleand.

" " sleepiness : Agar., baryt. c., berb., bov., canth.

Crotal., euphorb., lyc., oleand., plat., plumb. ac.,

Ruta., scill., tabac., tarax., tong., verb., zinc.

" " sleep : Aur., carb. v., tart. emet.

" " fever : Asaf.

" " chill : Merc. peren., puls., spig., sul., zinc.

" " horripilations : Carb. an., ran. bulb.

" " heat : Magn. m., sabina.

During the noon siesta pinching and twitching in arms : Lyc.

" " " " ailments in upper extremities : Lyc.

" " " " sweat : Natr. m., phosph. acid.

" " " " speaking : Nux v.

Starting from noon siesta : Chel., nitr. ac., sabad., sep., silic., sul.

After the noon siesta worse : Lach., phosph., puls., staph.

" " " " dullness and heaviness : Staph.

" " " " chillness : Bry.

" " " " chill : Merc. sol.

" " " " heat : Asar., calad., natr. m.

" " " " erections : Lach., nux v., sep.

## AFTERNOON.

Ailments arise : Ind., nitr.

Aggravation : *Anac.*, *alum*, *ammon. c.*, *ammon. m.*, *ant.cr.*, *asaf. æt.*, *bell.*, *berb.*, *bism.*, *camph.*, *canth.*, *chel.*, *coff.*, *colch.*, *coloc.*, *con.*, *ignat.*, *ind.*, *iod.*, *laur.*, *lyc.*, *mosch.*, *mur. acid.*, *natr. c.*, *nitr. acid.*, *nux. v.*, *phosph.*, *plumb.*, *puls.*, *ran. b.*, *sars.*, *selen.*, *seneg.*, *silic.*, *spig.*, *spong.*, *stront.*, *teucr.*, *thuja.*, *valer.*, *viola tric.*, *zinc.*

Aggravation periodically afternoon : Alum.

“ every other afternoon : Lyc.

“ 3-4 : Apis.

“ 3-5 : Clem.

“ 3-3 A. M. : Thuja.

“ 4 : Merc. iod.

“ 4-8 : Apis, hell., lyc., magn. m.

“ 4-3 A. M. : Bell.

“ 4-10 evening : Plat.

“ 5 : Coloc.

“ afternoon to midnight : sul.

Feels well in the morning, complains in afternoon, and then aggravation lasts into the night : *Sticta pulm.*

Cessation of ailments : Phosph.

All morbid manifestations are present when awaking, but feels well from 4 P.

M. to bed-time : Alum.

Drawing pains every other afternoon : Lyc.

Tearing pains : Ind.

Twitchings : Lach.

Sneezings : Ind.

Restlessness, 4-6 : Carb. v.

Excitability : Iod.

Zeal to work : Sars.

Pleasantness, mental work easy : Phosph.

Cheerfulness : Cann.

Debility, relaxation, 3-5 p. m. : Clem.

Exhaustion : Asaf.

Out of sorts, bodily : Pimp.

Weariness : Arg. nitr., kal. brom., merc. s., natr. s., oleand., ran. b., sul., thuja.

Bodily weakness : Aur., coloc., oleand., phell., ran. b., zinc.

Fainting with vomiting : Sul.

Sensation of heaviness : Kal. c.

Laziness : Silic.

No desire to talk : Viola tric.

Wants to be by himself every afternoon : Mang. ac.

Hypochondriasis : Graph., zinc.

Thoughts of death : Zinc.

Anxiety : Aeth., ammon. c., arg. nitr., bell., bov., calc. c., carbo. an., carbo. v., magn. c., natr. c., nitr., nux v., phosph. acid, puls., rhus, tabac.

Anxiety every afternoon : Carb. v.

Easily angered : Cann., ignat., mur. acid, zinc.

Quarrelsomeness : Dulc.

Vertigo : Ambra., benz. acid, kal. c., merc., nux v., phosph., puls., rhus, sep., silic., staph.

Unconsciousness with sleepiness in a warm room : Puls.

Headache : Acon., aeth., asar., bell., berb., brom., chin., coloc., graph., kal. bichr., lac. can., lach., lact., lyc., magn. c., nux v., pallad., selen., silic., stront., zinc.

Headache, arthritic : Aur., coloc.

“ from noon till evening : Silic.

- Headache, from 1-10 p. m.: Magn. c., plat., silic.  
 " at 3 p. m.: Thuja.  
 " at 3 p. m.: Stitching in scalp, Staph.  
 " from 4-8 p. m.: Hell., lyc.  
 " from 4 p. m. to 3 a. m. (periodically): Bell.  
 Heat in head when walking out : Stront.  
 Pains in eyes : Eugen.  
 Itching in ears : Argen. nitr.  
 Nosebleed : Lyc., at 3 p. m., Sul.  
 Heat in face : Anac., carb. an.  
 Drooling during the afternoon siesta : Rhus.  
 Bulimy : Lyc., nux v.  
 Unusual hunger at 4 : Calc. phosph.  
 Thirst : Berb., bov., ignat., ran. b., ruta., veratr., zinc.  
 Severe eructations : Lycop.  
 Nausea : Ran. b.  
 Vomiting : Chin. s., sul.  
 Colicky flatulent pains : Carb. v., nitr.  
 " pains, no relief from eructations : Chin.  
 Bellyache : Nitr.  
 Diarrhœa : Aloe., bell., borax, chin., dulc., laur.  
 " 4-6 : Carb. v.  
 " 4-8 : Lycop.  
 " 5-6 : Digit.  
 Desire to uninate : Bell.  
 Pollutions during sleep : Caust., clem., merc., phosph., sul.  
 Menses too copious when promenading ; Natr. s.  
 " suddenly stopping : Magn. c.  
 Hoarseness : Alum.  
 Cough: All. cep., bad., chin., mosch., mur. acid., nux v., staph., sul., thuja., zinc.  
 Cough, from 4-6 : Lyc.  
 " unceasing, about 5 : Bov.  
 " spasmodic : Bell., bry.  
 " " daily at 6 p. m.: Ammon. m.  
 Oppression of chest : All. cep., elaps.  
 Short breathing : Sang.  
 Asthmatic fits : Arg.  
 Pains in right chest, worse from 4-5 : Merc. sul.  
 Stitching pains between shoulders : Bov.  
 Swelling of hands : Natr. c.  
 Pains worse in joints of carpus : Nux v.  
 Extremities go to sleep (feel numb) when sitting : Mar.  
 Itching : Jugl.  
 Stretching : Nux v., phosph., plat.  
 Yawning : Canth., ign., nitr., nux v., phell., plat., phosph., rat., sep.  
 Sleepiness : Acon., agar., anac., ang. sp., aur., bov., canth., chin., grat., guaj.,  
 lach., natr. c., natr. m., nitr., nux v., oleand. op., pallad., phosph., puls.,  
 Rhus, ruta, spong., staph., sulf., thuja., viola. tric.  
 Sleepiness when the sun goes down : Dros.  
 Falling asleep : Lact. vir.  
 Long sleep : Lauroc.  
 Comatose sleep : Euphorb.  
 Always sleepy : Kal. c., phosph. acid.  
 Worse after the siesta : Lach., phos., puls., staph., sul.  
 Fever : Alum., ant. cr., ars., calc. c., caust., chin., cin., coff., digit., hyosc., ignat.  
 lach., natr. m., nitr. acid, nux v., phosph., puls., ran. b, spong., staph.,  
 stram., sul.



Quotidian fever at 3 : Ang. v.  
 Quotidian fever towards 5 : Cedron.  
 Fever, returning daily in the afternoon : Cin., nux v.  
 Fever, returning at 5 : Con., natr. c., rhus, sabad., sul.  
 Fever, returning at 6 : Cocc., kal. c., rhod., tart. emet.  
 Fever, returning at 7 : Bov., lyc., magn. c., magn. s., petrol, rhus.  
 Chill : Arg., ars., bry., chin., cocc., crocus, digit., lach., nitr. ac., phosph., puls., sul.  
 Chill from 12 to 2 : Lach.  
 Chill at 1 : Cactus.  
 Chill from 1 to 2 : Ars., eupat.  
 Chill at 2 : Calc. carb.  
 Chill at 3 : Ang. ver., apis, con., staph., thuja.  
 Chill from 3 to 4 : Apis., lach.  
 Chill from 3 to 5 : Con.  
 Chill from 3 to 6 : Ars.  
 Chill at 4 : Apis, puls.  
 Chill from 4 to 5 : Cobalt.  
 Chill from 4 to 7 : Kal. iod.  
 Chill from 4 to 8 : Bov., graph., hell., hep., lyc., magn. m., natr. s.  
 Chill after 4 : Graph.  
 Chill at 5 : Con., kal. c.  
 Chill from 5 to 6 : Phosph., sul.  
 Chill from 5 to 7 or 8 : Hep.  
 Chill at 6 : Arg. nitr., nux v.  
 Chill from 6 to 8 : Kal. iod., sul.  
 Chill from 6 to 12 : Lachn.  
 Chill at 7 : Lyc., petrol., rhus.  
 Chill from 7 to 8 : Sul.  
 Chill at 8 : Caust.  
 Chill from 9 P. M. to 10 A. M. : Magn. s.  
 Horripilations : Arg., carb. an., chin. s., digit., nitr., nux v., puls., sep., silic., spig., sul.  
 Heat daily from 4 till evening, passing off after supper : Anac.  
 Heat with sweat, daily from 4 to 5 : Stann.  
 Heat from 6 to 8 : Caust.  
 Heat, then sweat off and on : Agar.  
 Sweat : Berb., fluor. acid., magn. m., magn. s., nicc., nux v., staph.  
 Sweat : From 3 to 5 : Silic.

## EVENING.

Ailments arise : Alum., ammon. c., calc. c., cham., chin., eugen., euphorb., guaj., gutti., hell., ind., junc., meph., nitr., ran. b., sep., thuja., valer., zinc.  
 Aggravation : Acon., agn., aloc, alum., ambra, ammon. c., ammon. m., anac., ant. cr., apis, *arn.*, ars., *asaf.*, asar., bell., bufo., calad., calc. c., caps., carb., an., carb. v., caust., cham., cinnab., cist., cocc., *colch.*, coloc., *cycl.*, daphne, dulc., euphr., eugen., guaj., hell., hyos., ignat., ind., ipec., iris., kal. c., kalm., lach., laur., led., lyc., magn. c., magn. m., mang., *menyanth.*, *merc.*, merc. c., mez., natr. c., natr. m., natr. s., nitr., nitr. acid., nux m., ol. an., par., petrol., phos., phosph., phosph. ac., plat., plumb., puls., ran. b., ran. sc., rhod., rhus, sabina, sang., senega., sep., sil., spig., stann., stront., sul., sul. acid, tart. emet., teucr., thuja, tilea., valer., zinc.  
 Aggravation every other evening : Puls.  
 Aggravation, 4 to 10 P. M. : Plat.  
 Aggravation, 6 to 7 P. M. : Hep.

- Aggravation, 6 P. M. to 6 A. M. : Kreos.  
Aggravation, 8 P. M. : Bell.  
Aggravation, 9 P. M. : Bry.  
Aggravation, evening to midnight : Arn., baryt. c., carb. v., caust., ferr., hep., led., magn. c., magn. m., mez., nitr. ac., puls., rhus, spong., stann., sulph. ac.; sul. from afternoon to midnight, veratr., late in the evening till midnight, zinc.  
Ailments begin at 6 P. M. increase toward midnight and disappear toward morning : Lilium tigr.  
Pains arise in the evening and last undiminished till daybreak : Colch.  
Worse after sunset : Puls.  
Worse during twilight : Ammon. m., ars., calc. c., puls.  
Better during twilight : Bry., phosph.  
Worse in the evening after lying down : Ars., ignat., led., phosph., stront., sul., thuja.  
Aggravation from evening air : Carb. v., merc., sul.  
Sensitiveness to evening air : Carb. an., carb. v., sul.  
Amelioration : Arn., bry., lyc., natr. m.  
Ailments disappear : Ang., sp., nitr.  
Amelioration after lying down in the evening : Nitr.  
Feels most cheerful and eager to work in the evening : Natr. m.  
Congestions : Kal. c., lyc., petrol., phos., samb., thuja.  
Pulsations : Thuja.  
Pains, boring, stitching : Ran. sc.  
Pains, shooting : Natr. s.  
Pains, tearing, drawing : Ind., natr. s., silic., stront., sul., sul. acid.  
Pains, biting : Gutt., nicc., ran. sc.  
Pains, gnawing : Ran. sc.  
Pains, laming in the evening when sitting down : Croton.  
Pains, cutting and bruising : Ammon. c., bry., lyc., nitr. ac., phosph. ac., silic.  
Pains in joints : Natr. c., stront.  
Pains in bones : Mez.  
Stitching : Acon., ind., natr. s., plumb. ac., ran. sc.  
Twinging : Kal. iod.  
Formication : Phosph. acid, ran. sc.  
Formication in the evening after lying down : Cist.  
Sensation of deadness : Sep.  
Swelling : Cocc., phosph., sep.  
Restlessness : Alum., ammon. c., calc. c., carb. v., caustic., laur., lyc., magn. c., magn. m., merc., natr. c., nux v., phosph., phosph. acid.  
Restlessness after sitting : Magn. c.  
Restlessness in the fresh air in the evening : Plat.  
Restlessness : 4 to 6 P. M. : Carb. v.  
Irritability : Ammon. c., zinc.  
Talkativeness : Calc. acet., magn. c., valer., viola. tric., zinc.  
Cheerfulness : Calc. acet., magn. c., valer., viola. tric., zinc.  
Cheerfulness from noon into the evening : Zinc.  
Joyfulness : Cast., phell.  
Jovial and merry : Valer.  
Jovial and sprightly : Lach.  
Labor is enjoyed : Lach., puls., sul.  
Has no strength whatever : Asafoet., bry., corall. r., coloc., merc. peren., silic., stront., tabac.  
Weariness : Ammon. c., asar., caust., cycl., mur. acid, nicc., nitr. acid, paeon., petrol., sep., silic., stront., tabac.  
Mental and bodily atony : Caust., stront.  
Malaise : Ammon. c.

Sensation of heaviness : Sabad.

Frailty : Paeon.

Syncope : Calc. c., hep., lyc., mosch., natr. m., nux v.

“ when sitting, Nux v.

Sensation of hemiplegia : Silic., stront.

Tremor : Lach., lyc.

Easily frightened : Lach., merc. s.

Shaking in the evening in bed : Sul.

Shocks in through the body in the evening when lying down : Ran. b.

“ when falling asleep : Ignat.

Epilepsy : Stann.

Anxiety : Ambr., ars., bry., calad., calc. c., carbo. an., carb. v., cocc., digit., dros., graph.

hep., kal. iod., laur., lyc., magn. c., merc., nitr. acid, nux v., paeon., phosph., puls., rhus., sep., sul., veratr.

Anxiety during twilight : Ambr., ars., calc. c., carb. v., digit., laur., nux v., rhus., sep.

Anxiety in the evening in bed : Ambr., ammon. c., ars., baryt. c., carb. v., caust., cocc., graph., hep., laur., lyc., magn. c., magn. m., nitr., nux v., phosph., puls., sabin., sep., silic., stront., sul., veratr.

Anxiety when falling asleep : Calc. c., lyc.

Anxiety relieved in the evening : Ammon. c.

Anxiety passing off in bed in the evening : Magn. c., zinc.

Fear : Calc. c., carb. an., caust., dros., kal. c., lyc., merc., phosh., puls., ran. b., valer., veratr.

Timidity in the evening in bed : Kal. c.

Fears of ghosts : Puls., ran. b.

Quarrelsomeness : Ammon. c., natr. m.

Easily angered : Calc. ac., magn. c., magn. m., mur. acid, natr. m., silic., spig., sul., zinc.

All anger passes off in the evening : Verbasc., viola. tric.

Sensitiveness, obstinacy : Magn. c., puls., ran. b., zinc.

Sadness : Ant. cr., ars., baryt. c., bov., calc. c., carb. an., cast., digit., ferr., graph., hep., kal. c., kal. m., kreas., lact., lyc., murex., nitr. acid., phosph., plat., ran. sc., ruta, senega, sep., spigel., stram., veratr., zinc.

Sadness in bed : Ars., graph., stram., sul.

Sadness relieved in bed : Ammon. c.

Downheartedness : Kreos., magn. c., puls., zinc.

Inclined to shed tears : Ammon. c., calc. c., carb. an., graph., kal. c., kal. m., lact., lyc.

Relief from such an inclination : Ammon. c., cast.

Hypochondriasis after supper : Nux v.

Melancholy : Plat.

Can not be consoled : Calc. c.

Despair : Kreos., tart. emet.

Dejection of spirit : Calc. c., ran. sc., silic.

Wealth of thoughts before going to sleep : Chin., lyc., nux v., puls., sabad., silic., staph., viola tric.

Deliria when falling asleep : Bell., bry., calc. c., camph., china., gels, guaj., ignat., merc., phosph., phosph. acid, spong., sul.

Confused : Euphr., ruta.

Vertigo : Ammon. c., apis, ars., calc. c., carb. v., graph., hep., kal. c., magn. c., merc., natr. s., nicc., nitr. acid., nux v., phosph., phosph. acid, plat., puls., rhus., spong., sul.

Vertigo when going to bed : Tellur.

Vertigo in bed : Lach., nux v., rhus., staph.

Turning in head in the evening when lying down : Phosph.

Heaviness of head : Sep.

Headache : Acon., alum., ammon. c., anac., ang. s., ver., apis, bry., caps., carb., v., cham., cinnab., coloc., croc., croton., dulc., eugen., euphr., ferr., fluor. acid, kal. m., kalm., lach., lob., lyc., magn. m., meph., mosch., petrol., phosph., puls., rhus., ruta., sep., spig., stront., sul., tart. emet., therid., thuja., valer., zinc.

Headache from one evening to the next one : Cist., nitr.

Headache from noon till 10 P. M. : Magn. c., plat., silic.

Headache during twilight : Ang. ver.

Headache in bed : Ars., lyc., magn. m., phosph., puls., sep., sul., zinc.

Headache arthritic : Eugen.

Headache better after supper : Colch.

Headache relieved : Op.

Headache disappearing : Cinch. s., nux v.

Heat in head : Jugl., kal. c., lobel. oleand., ruta, sep., sul., zinc.

Sweat on head : Calc. c., sep.

Itching of head : Agn., berb., carb. v., rhod.

Ailments of eyes worse : Croc.

Pains in eyes : Agn., alum., ammon. m., apis, asar., berb., bry., cast., chin., con., croc., daphne ind., hep., iod., kalm., led., lyc., magn. s., meph., natr. s., nicc., ol. an., phell., phosph. acid, puls., rat., sass., seneg., tong., zinc.

Pains in eyes during twilight, better after lighting lamps : Ammon. m.

Burning in eyes : Natr. m., nicc., phos. acid.

Burning in eyes during twilight, better after lighting lamps : Ammon. mur.

Heat in eyes, from artificial light : Graph.

Coldness of eyes : Lyc.

Redness of eyes : Arg. nitr., kal. m.

Itching of eyes : Cupr., gutti., pallad.

Swelling of eyes : Sep.

Weeping of eyes : Asar., eugen., magn. m., merc., phos., rhus., sep.

Glueing of the eyes : Alum., ant. cr., bell., borax, bov., calc. c., cast., euphorb. ferr. ac., gutti., ignat. kal. c., lyco.

Spasmodic contraction of eyelids : Hep., natr. m.

Shining manifestations before vision : Kal. c.

Dimness before eyes : Ammoniacum.

Dimness before eyes in the evening, by light or over-exertion of the eyes : Plat.

Darkness of eyes: Puls.

Vision dull : Cham., croc., ferr., hep., lachn., puls., tabac.

Weakness of sight : Cast., nicc.

Blindness, attacks of : Bell.

Pains in ears : Carb. v., ran. b., thuja.

Pains in ears in bed : Thuja.

Ears hot, red : Alum., carb., sabad.

Surring in ears : Sulf. acid.

Ringin in ears : Croc., lact., merc. s., paeon.

Poor hearing, difficult hearing : Nicc., tarax.

Distinct, fine hearing, in the evening in bed : Kal. c.

Sensitiveness of hearing increased: Kal. c.

Epistaxis : Ant. cr., colch., dros., ferr., graph., phosph., sul.

Blowing out blood (also at night) : Graph.

Pains in face : Caps., phosph., plat.

Heat in face : Ang. ver., arn., berb., plat., spig., thuja.

Paleness of face : Lyc.

Itching of face : Lyc., merc. peren., puls., zinc.

Lips dry, like parchment : Magn. s.

Lips painful : Magn. s.



- Toothache : Alum, ammon. c., anac, apis., baryt. c., bell., bov., cham., graph., kal. c., magn. s., mang. merc. mez., nicc., nitr. acid., phosph., puls., rat., sabin., sul. sul. acid.
- Toothache in bed : Alum., ammon. c., ant. cr., baryt., bov., carbo. an., cham., diad., graph., kali c., led., magn. c., magn. c.m., merc., nitr. acid., phosph., puls., sul. acid.
- Chilliness in teeth : Mez.
- Tongues, furry or coated white : Bism.
- Dryness of mouth : Cycl., paris.
- Mucus in mouth : Kreos.
- Accumulation of mucus in the mouth, with thirst : Ang, ver.
- Foul breath : Aur., sul.
- Heat in œsophagus : Sang.
- Pains in throat : Alum, lact., magn. m., nicc., puls., sul. acid, viola tric.
- Roughness, scratching and scraping in throat : Stann.
- Accumulation of mucus in throat : Alum., ang. ver.
- Appetite increased : Arn., mez., natr. m., nitr.
- Appetite absent : Cycl.
- Hunger : Guaj., mez., nitr., teucr.
- Bulimy : Agar., aloes, mez., sabad., teucr.
- Thirst : Ammon. c., bism., bov., croc., magn. c., magn. s., natr. s., nicc., rat., sep., thuja.
- Taste bitter : Ammon. c., arn., puls.
- Taste empyreumatic : Thuja.
- Taste, sweetish (and after meals) : Thuja.
- Pyrosis : Ambra.
- Eruclations, severe : Puls., ran. sc.
- Hiccough, severe : Kal. bichr., natr. s., nicc., silic.
- Nausea : Asar., calc. c., con., cycl., kal. bichr., natr. c., nux v., petrol., phosph., puls., ran. b., sep.
- Nausea, passing over into headache during the night : Phosph.
- Vomiturition : Kal. c.
- Spitting of water : Anac., cycl., natr. s.
- Vomiting : Anac., bell., bry., croton, phosph., puls., sul.
- Vomiting of food : Carb. v.
- Sensation of fullness of the stomach in the evening in bed : Natr. s.
- Gastralgia : Alum., carb. an., lob., lyc., phosph., puls., sep., sul. acid, thuja.
- Gastralgia, decreasing toward evening : Lyc.
- Gastralgia, aggravation : Thuja.
- Pain in spleen : Magn. s.
- Bellyache : Ambr., diad., fluor. acid, led., magn. m., meph., merc., natr. s., nitric ac., paris, phosph., puls., valer., veratr., zinc.
- Bellyache in bed : Paris, valer., zinc.
- Pressure in abdomen : Spig.
- Gripping in abdomen : Valer.
- Bellyache decreases : Kal. iod., nitr.
- Painfulness of the walls of the abdomen : Sabina.
- Cramps, spasmodic pains in abdomen : Magn. m.
- Cramps, spasmodic pains in the abdomen in the evening, especially at night : Calc. c.
- Colic every evening : Bellad., led.
- Colicky flatulent pains : Nitric acid, puls., zinc.
- Flatus : Puls., spong. ; in bed, bry.
- Abdomen bloated and enlarged : Graph., rhod., sep.
- Diarrhœa : Aloes, borax, bov., canth., caust., colch., gels., kal. c., lach., merc., mez., mur. acid.

(To be continued ).

A "PIZEN" EPISODE.

BY

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Iowa Falls, Ia.

IN accordance with your wish that I would report to you "other cases" in my professional experience, that might be of interest, I have concluded to send you the following incident: It is not of quite so great importance as was that case of *Purpura hæmorrhagica* that I reported to you a year ago, and which you published in the August number of your journal; but I relate it as one of the many queer incidents that have occurred to me in the course of a pretty long professional experience of attempting to heal the sick; and it will, no doubt, serve to recall reminiscences of a like character to the mind of many a professional brother, who may by chance read this.

It occurred away back in the year 1854, on the banks of the Mississippi river, in the little village of Cassville, in the county of Grant, State of Wisconsin. I had but just established myself there; and, it being the first year of my experience in the use of homœopathic remedies, I was not very confident of their efficiency, nor of my own abilities to use them successfully in the treatment of acute diseases. To the few citizens of the village, and to the inhabitants of the surrounding country, homœopathy was an unknown theory of medicine at that time; but, being anxious to fully test its merits, I determined to give it a fair trial whenever I had opportunities, though I could not divest myself (I have not yet entirely) of the use of the remedies that my old-school education had taught me to use, and with success in some virulent forms of disease. With an anxious desire to obtain patrons, (which, with me then, was an absolute necessity), I advertised myself to the community "as a graduate of the old school of practice, and had followed it for twelve years—but, that I was also prepared to treat patients, and successfully to, in accordance with the new school of medicine homœopathy, which, in my judgment, was by far the better of the two," but would give my patrons their choice of the systems in my treatment

of their complaints. Placing myself before the community in this *double capacity* of healer, I awaited results. Of course, my patience was tried in waiting for patients to treat; but at last, I got a patient. It was late in the summer, and malaria was ripe there, as it always is on the banks of that noble river, at that season of the year.

About 12 o'clock, one Sundry night, I was called from bed to go to see a Mrs. C. and her boy, the wife and child of a dry-goods merchant of the village.

On reaching the house, I learned that the boy had been troubled with a diarrhœa for nearly a week; but that Mrs. C. was taken sick on Wednesday before, with a "bloody dysentery," which had been growing worse ever since; notwithstanding the two or three doses of calomel and castor oil, with Dover powder and tincture of opium, that they had given her. Her alvine discharges were as often as every fifteen minutes, and had been so for the last two days, with increasing pain and tenesmus, scant, slimy and bloody; urine suppressed; a high fever; tongue, black, dry, with red edges; lips, parched; pulse, 140; eyes, sparkling, restless; with no sleep for the past twenty-four hours because of the frequent discharges, and pain and soreness all through the abdomen. It was a clear case of mucous dysentery, and of a virulent type. It recalled to my mind, and very vividly, too, the many cases of that same disease that I had often met with but a few years before over in Michigan, several of which had baffled all my old-school remedies, and proved fatal. The recollection of my past experience in this disease, made me feel extremely doubtful of my success in handling this case, and to her husband, expressed myself in guarded language. With the boy's symptoms I felt no uneasiness, as I had treated several children there in the village, with "Little Pills," and soon restored them to health. But Mrs. C.'s case was of a different character, and was the first of the kind that had come under my care since my conversion to the principles of homœopathy. Uncertain which course of treatment I had better adopt, I turned to Mr. C. and asked, "Shall I use my old school practice for your wife, or shall I use "Little Pills?"

"Hell," he replied, "I don't know any thing about "Little Pills," as you call them, but she has had Big pills enough, I know, and they have done her no good. So use whatever kind of pills you think best." Debating in my own mind, which was best for her, I soon thought that it was a good case in which to try the efficiency of the Little Pill remedies, which I would stay and watch for an hour or two, when, if no improvement appeared, I could readily resort to my old form of treatment. So, I told him that "if she were my own wife, I should use the Little Pills," and called for a tumbler half full of water. It was brought, and I dissolved in it a few pellets saturated with Nux 30. I sat by her bedside and gave her a teaspoonful, in five minutes I gave her another. "Why doctor," she said, "you are giving me nothing but water." "No," said I, "only water in taste; but wait a little and see how you feel." In about fifteen minutes from the first dose, she called for the chamber, and to her great relief and surprise, had but very little pain with the passage. I repeated the medicine in ten minutes, but in less than ten minutes more, she was quiet and sound asleep. She slept on for two hours without any disturbance. From the time of her first attack Mr. C. said she had not slept before for 15 minutes at a time, and he was greatly rejoiced to see her now sleeping so quietly; and so was I. At 4 o'clock Monday morning, I left her still sleeping, with pulse down to 100, and fever proportionately reduced; with directions not to disturb her till she awakes, when she should take another teaspoonful of the solution, but repeat it only after each passage. At 10 o'clock A. M. I saw her again, and was as greatly pleased, as surprised, to see the evident improvement that had taken place in her appearance. I was greeted upon my entrance to her room, both by her husband and herself, with a cheerful smile, and many warm words of welcome, for the happy effects I had wrought by the magical "Little Pills," dissolved in water.

She "could not find words to express her gratitude," she said, "for the wonderful relief your tasteless medicine has given me." Upon inquiry, I learned

that she had continued sleeping quietly till after 8 o'clock, and then awoke, with a desire to "pass water," which she had not done before in two days. All soreness and pain had left her bowels; her tongue was soft and moist, and thirst no longer disturbed her; pulse, 90, and full; fever, all gone, and convalescence fully established. I left the house soon afterward, with a feeling of joyful and exultant pride, justifiable under such circumstances in the breast of any doctor, who has conquered such a severe disease, by the means of his remedies, no matter to what school of practice he may belong. And not only was I rejoiced at the results in this case, for now my confidence in the power of infinitesimal doses, to conquer the virulence of any disease, and restore the patient to health, was fully established, and I felt as though I had at last discovered a sure specific for almost every form of disease. It determined me to place my reliance in the future more upon homœopathy than allopathy, and from that time to this, I have been guided mostly by its principles.

Mrs. C. continued to improve through the day, and on Tuesday morning I found her sitting up in bed, relishing her breakfast of toast, tea, and mashed potatoes. Prescribing for the boy, who was also improving, I turned to her, and said:

"You only need a little tonic medicine now to brace you up; so run out your tongue." She ran it out, now quite natural in its appearance, and as the first little pellet touched it, she suddenly drew it back and asked: "What is it, Doctor?" and pushed it out again; as the last of a half dozen of them fell, I replied: "Arsenicum!" "Arsenic, is it? Do you want to pizen me to death?" "Oh," I said, as I put up my case and took my hat. "If I had wanted you to die I wouldn't have given you any of my little pills, and then the dysentery would have killed you before this," and left the house smiling at her joke. She was of a spare form, tall, angular, sharp-featured, black eyes, with red hair, and quite noted for her shrewish disposition. On Wednesday morning I repeated my visit, more on account of the boy than his mother. As I entered the room I was

pleased to see her dressed and occupying an easy chair out in the middle of the floor.

"Why, Mrs. C.," I exclaimed, "you are getting well fast?" "*Well, no thanks to you if I am!*" were the words she snappishly made to my greeting. The tone of her voice, with the scowl on her brow, and fiery glance of her black eyes, as she sat there with folded hands in her lap, and rocking back and forth in her chair, struck me with astonishment and surprise. Seeing her laboring under the influence of an angry passion, I wondered what could have caused it, and asked as mildly as I could: "Why, Mrs. C., what has happened to vex you so?" "Vexed!" she blurted out; "who wouldn't be vexed, I'd like to know, when they find they're being pizenized to death by your nasty little pills!" "Why," said I, "have my little pills poisoned you, do you think?" "Yes they have, and you know it," was her reply. "Why, my dear woman, do you suppose that I would try to poison you, after I had saved your life, as you certainly told me yesterday that I had, by giving you my little pills?" "Well, you did give me pizen yesterday, for you said you did; you gave me arsenic, and if I had taken another dose of it I'd been dead before now!" Notwithstanding this accusation was so provokingly absurd, I could not help but blurt out a "ha, ha, ha." "Why," said I, "there isn't poison enough in a bushel of those little pills you took yesterday to sicken a fly, and its all nonsense for you to say or think that I poisoned you." "Well, I'll not take any more of your medicine, any way, nor my boy shan't either; for we arn't going to be pizenized to death by any such kind of stuff as you carry," and I was thus most ignobly dismissed from the house. It soon spread all through the town and over the country that Dr. Angell came very near killing Mrs. C. with his "pizen little pills," which, of course, did not help me to spread the blessings of homœopathy very greatly in that part of the State. But it learned me a lesson that I ought to have learned earlier, and that was, never name the medicine you are giving a patient, unless they have common sense enough to rely upon your judgment.

## SANGUINARIA IN STOMACHIC DISORDERS.

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The value of *Sanguinaria* in gastric derangements, while well known to students of *Materia Medica*, has not been sufficiently dwelt upon to attract the attention of the average practitioner. The two following cases illustrate what it will do, and point to its more characteristic symptoms. They are offered as a slight contribution to the study of this valuable remedy.

I. Mrs. J. T. F., aged 48, sanguinobilious temperament, a woman of much energy and refinement, applied for treatment on April 4th, 1885. She had been suffering for several months with a neurosis of the stomach, which had been diagnosed by one of these shut-eyed mediums as canker, and for which she had recommended a decoction of blood-root and boneset in tablespoonful doses. The patient was, however, unable to take this preparation, as each dose caused intense burning pains in the stomach, lasting for hours, and, on passing off, produced no beneficial change in the morbid viscus. After suspending this treatment, she waited several weeks, and finding herself constantly growing worse, she applied to me. The symptom most complained of was a burning sensation accompanied with pressure, in the epigastrium, coming on soon after lying down and compelling her to arise. These pains were worse at night, but they recurred at any hour when she assumed the recumbent position, though less severe in the daytime. There was no nausea, and eructations afforded no relief unless she sat up, when the pain and pressure would gradually disappear. Her appetite was rather voracious, but she was peculiarly careful as to diet, and restricted herself to the plainest food. Bowels torpid; but she had an unsatisfactory stool every morning, which left behind a sense of discomfort as if more should have been passed. There was no headache, and an entire absence of those symptoms which are understood by the term biliousness. There were peculiar drawing pains in the shoulders



and arms during sleep, so that when she awoke the fists were tightly clenched and flexed upon the sternal end of the clavicle. This cramping up of the arms always occurred during sleep, and was followed by a sense of lameness and weariness in the affected muscles.

The symptom "burning in the stomach" is common to a multitude of drugs, of which *Sanguinaria* is one. "Pressure in the epigastrium" is likewise and for the same reason an uncertain symptom to prescribe by; and both are held in common, according to Lippe, by some two score drugs. These symptoms with "increased appetite" are found under *Sanguinaria*, *Nux vomica*, *Bryonia*, *Secale*, *Graphites*, *Carbo veg.*, *Sepia*, and about a dozen other remedies. "Lying down" ameliorates the pains under *Bryonia* and *Carbo veg.*, while the others all have "aggravated on lying down." "Eructations afford no relief" under *Sanguinaria*, and of the above-mentioned remedies, *Nux vomica* and *Graphites*. The first two of these have ineffectual stool," and both resembled the case in hand in the pains in the shoulders and arms. I, therefore, hesitated whether to give *Sanguinaria* or *Nux*; but the absence of clawing pains in the stomach, and of that characteristic weight like a stone, and the persistent prominence of the burning sensation led me to *Sanguinaria* as the true homœopathic remedy. This was given in the 200th potency, a dose every night at bedtime. After the first night the symptoms disappeared like magic. The fifth night she had a moderate return of the gastric burning, but this seemed to be due to her having eaten very freely of stewed tomatoes and rhubarb pie. She has remained free from all gastric or other pains up to this date, three months.

There are several points to which I would call attention: (1). the selection of blood-root as the remedy by the clairvoyant; (2). The aggravation by this drug of the most prominent symptom of the case, after each dose of the decoction; this undoubtedly had an unconscious influence in leading my mind to *Sanguinaria*; (3). The prompt and permanent effect of the remedy when given in a high potency. Both the gastric and myalgic symptoms had persist-

ed for months, and were growing worse and worse each week; but they practically disappeared at the second dose of the remedy.

The next case is quite different, but is equally interesting and instructive.

II. Mrs. M. L. S., aged 30, a chronic inebriate, whom I have treated at various times during the past seven or eight years, sent for me on July 1st, 1885. She had been drinking pretty steadily for a couple of weeks of beer, whiskey, and what not in inordinate quantities until her stomach refused any further abuse; in short, she had a violent attack of emetocatharsis. I gave her *Nux vomica* 1, to antidote the free alcohol in her blood, a remedy which I have found invaluable in these cases; but it seemed to increase the nausea, and was suspended. I then gave arsenic 6, which checked the bowels and relieved the intense thirst, but had no effect in quieting the stomach. This was the state of things on the morning of July 3d. She was very irritable and angry at not being relieved, as she well might be considering the agony she was in. Every thing she took in her stomach, even water, was instantly ejected. About once in fifteen or twenty minutes she would have a spasm of the stomach, with gagging and coughing, and the ejection of some frothy mucus. This frequently repeated effort caused great pain in the chest and abdomen, from the straining. Beef-tea, black coffee, milk, even when given by the tea-spoonful, came up almost as soon as it was down. Beside this gastric intolerance and cramps, there was the most intense burning, extending from the stomach up the œsophagus to the pharynx, which felt swollen and dry. The only position in which she was at all comfortable was lying slightly turned on her left side. It was impossible for her to lie upon her right side, and when rising after lying down she was seized with vertigo. Her cheeks and hands were livid. She believed she was soon to die, and was unwilling to be left alone. I gave *sanguinaria* 200, a dose every two hours. In the evening the nausea had ceased, but the burning pains remained as before. The smallest particle of food gave her great agony. It seemed as if there was a spot about the size of a sil-

ver half-dollar which was ulcerated, and the contact of any thing with this was excruciating. She slept better during the night, but awakened in the morning in a great fright. That afternoon (July 4th) she was able to eat a little solid food (the white meat of a soft-shell crab), with which I allowed her a glass of claret. She made a wonderfully rapid recovery. On Sunday, the 5th inst., she was sitting up and dressed, and was able to eat a dinner of broiled blue-fish, etc. The ulcerated spot still felt sore, but the power of digestion was restored, and all the functions were performed normally. Five doses of sanguinaria were taken on the 3d inst., three on the 4th, none on the 5th.

There was little resemblance between these cases, except the burning sensation in the stomach. My theory of the first case is that it was a simple gastralgia, without structural change in the stomach. The pains in the stomach and the cramps in the arms were reciprocal. The cause of the whole trouble was anxiety and an undue amount of household cares. The family, like many another this year, were seeing hard times, and having a handsome house the good wife had taken a few boarders to eke out expenses. The other case was doubtless softening of the epithelium of the stomach and denudation of the mucous membrane, caused by the continued presence of alcohol. The small spot which was so intensely sore was probably an ulcer. The patient is naturally very vigorous, and always recuperates quickly under proper treatment.—*Hahn.*

#### THE TEMPERATURE IN TYPHOID FEVER.

BY

P. JOUSSET, M. D.,

Paris.

TRANSLATED BY DR. S. LILIENTHAL.

Typhoid fever presents three stages. During the first week the thermometer gradually rises; during the second week it mostly remains stationary; during the third week it ought gradually to return to the norm.

During the first week the remission in the morning should be equal to half of the ascension in the evening; e. g.,

morning, 37 c. (98.6 F.); evening, 38 (100.4); to-morrow, in the morning, 37, (99.6), evening, 38.5 (101.5); third day, morning, 38, evening, 39.5 (103); fourth day, morning, 38, and temperature ought to remain the same till the lenticular spots appear. A light remission now sets in, as in eruption fevers; then it rises again and constitutes states, so up to the fourteenth or fifteenth day; a gradual descent now follows, till the temperature becomes normal again. When the patient dies during the middle of the second or at the beginning of the third week the thermometer may rise to 41 and 42 (105 to 107).

Some typhoid fever shows greater oscillations than others, and though the evening may register 40 to 40.5 (105), if we only have large remissions in the morning, the patient rests during the time, and a favorable prognosis may be given.

There is also another termination with great oscillations towards the end of typhoid fever. The period is very tenacious and lasts a long time. The evening temperature is perhaps 40, and the morning registers 37 for several weeks; otherwise the patient has good appetite, gains strength, but still reconvalescence will be very slow. There are circumstances which modify the normal teaching. Hemorrhages sometimes make it feel even below the norm. Where the patient does not die from the loss of blood, the temperature may maintain itself at a moderate degree. Some hemorrhage even seems to have a favorable influence on typhoid fever. The temperature does not rise after the hemorrhage, and convalescence sets in. Vomiting or diarrhœa may also cause a fall in the temperature.

Dangerous symptoms may suddenly appear during stationary state, and without cause the temperature rises several degrees, in the evening or in the morning, and with it we witness lividity of the face, considerable prostration, oppression, sunken features, very violent pains, which stand in no rapport with the disease. The prognosis is very bad, if not immediate relief granted. Quinine in large doses must be given, for we have no time to study out whether serabe, veratrum or any other drug would suit.

We must prevent death. The next day there may be another paroxysm ; morning 38, evening 39.5, and suddenly 40 the next morning. In such cases our only reliable is quinine in large doses. What value can we put on the tracing of the temperature in relation to diagnosis ? In typhoid fever the temperature on the fourth day ought to be 39.5 (103), and any disease which shows a temperature of 39.5 the fourth day is not typhoid fever. Any disease which does not reach 39.5 on the fourth day is not typhoid fever. This is not absolute, but very true in a great many cases.

Let us study other diseases which the thermometer registers—three sink periods, as fabric, ephemera, synochus, pneumonia, pleurisy, eruptions, fevers, but the error is soon detected. These diseases have a rapid ascension, and register 39.5 a long time before the fourth day. In every case the rise is not gradual, but reaches its acme in the first or second day. If our English friends would have kept account of the thermometer tracing, they would have found out that typhoid fever cannot be dispelled at once by Baptisia.

The pureulent diathesis, puerperal or traumatic, shows in its thermometry a close similitude to that of typhoid fever but in the former, oscillation is usually greater ; the fever is remittent. But we also have other signs to guide us : chills often repeated, hiating to the pureleat-diatherie pale, icteric the puerperal state (in women before confinement). We must not forget that such patients may take the typhoid fever.

In acute articular rheumatism the temperature is hardly ever so elevated, but still, there is a great resemblance, and many a typhoid fever is complicated with arthritis, and we must consider the totality of the tracing ; the arthritis is not much pronounced in typhoid fever, and the diarrhoea and the lenticular spots assure the diagnosis.

There is an acute phthisis of a typhoid form. (We have the observation of a young girl who was treated for typhoid fever. At the autopsy granulations were found in the lungs, liver, spleen, and none in the intestines). In phthisis the fever is usually more remittent, the oscillations greater, the more frequent

pulse is not in harmony with the temperature. We must take account of the antecedents, of heredity, auscultation of the apicas, tendency to sweating, etc., must also be accounted for. In fact, only the totality of the symptoms can clear up the diagnosis, and still errors are possible and have happened to our best practitioners.

The diagnosis of typhoid fever is usually not usually difficult, the age of the patient and totality of the symptoms assisting. It is more difficult in aged persons and in quite young infants, from eight to fifteen months, where the prognosis is rather unfavorable.

As a rescue the characteristics of the temperature are :

1. Progressive elevation of the temperature, a period of rise, one of stability and a descending period of great oscillations.

2. Intensity of the fiber heat from 39-41 (103 to 105.5).

3. The duration of the fever is at least seventeen days, and may last seventy to eighty days.

The febris ephemera, the synochus, pneumonia, have a rapid ascension and no direction.

Only phthisis lasts so long, but its symptoms differ.

In relation to the prognosis of typhoid fever, we might say that the danger is in proportion to a high therucality, especially if morning remissions are not very marked. A form which steadily shows 40 is rather dangerous, and where it remains under 40 a hopeful case. Whenever the temperature rises above 41.5 in the evening and registers in the morning 40.8, death may be feared. Where oscillations are small, but the temperature always high, the prognosis is ominous. Great oscillations are favorable, even when the evening temperature rises above 40 and again falls below 39 in the morning, for the patient secures some rest during the day. Great oscillation during the third week need not give any anxiety ; for weeks we may have 37 in the morning and 40 in the evening, but the patient improves all the time, eats and sleeps well, and treatment is unnecessary ; in fact, all interference is injudicious. When, toward the end of the second week, instead of a decline, a

rise takes place, we may be sure of a complication, for this is against the regular course of the disease.

The old critical days are often too much neglected; they are the 4th, 7th, 11th, 14th, 17th, 20th, and 24th days, only it is often difficult to get them from our patients, for they hardly ever know when the fever began. *L'Art Medical*. February, 1886.

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#### RESUME OF OLD SCHOOL METHODS IN THE TREATMENT OF DROPSY OF PREGNANCY.

BY

C. JUDSON HILL, M. D.,

Utica, N. Y.

(Concluded from page 94).

"Prof. Carl R. Braun, M. D., Vienna, says hydremia at an early stage of pregnancy is ameliorated by nutritious diet, vegetable tonics, and iron; tepid baths, and especially vapor baths.

"To neutralize the carbonate of ammonia in the blood, he makes use of benzoic acid, lemon juice, or tartaric acid. To obviate congestion of the head, and relieve constipation, he recommends vinegar injections, aloes, jalap, etc. When exudation has taken place into the malpighian capsules, and the tubuli of Bellini and Ferrém, the cylindrical clots must be removed from them, and new ones prevented. If the current of fluid from the bodies into the capsules be strong, then the copious use of diluents will not suffice to break away the clots. But if the urine be scanty and uremia threaten, then the force of the current must be increased by acids as above, and seltzer and vichy waters. Tannin and extract of aloes are useful to restore the normal tone."

"Premature delivery is not apt to be thought of unless uremia has appeared, and the life is threatened. But it will be rational to resort to this procedure if, from the duration of the disease, its severity, the quantity of cylindrical clots, the great hydremia, the dropsy, and disturbances of the heart, lungs, brain, etc., cause fear of the existence of great degeneration of the kidneys. Should symptoms indicate the death of the fœtus,

operative measures may at once be employed, as its retention greatly adds to the danger of the mother."

"Prof. J. W. McLane, M. D., New York, considers albuminuria as properly a symptom, a condition, not a disease; although it must be treated as such. He believes that, as a rule, too little attention is paid to the examination of the urine, which should be regularly attended to, especially after the fourth month, once a week; and as soon as a trace of albumen is discoverable, much oftener than this. In treating these cases his aim is to relieve the congested kidneys. He places the patient on a milk diet, using pure milk, as he believes that the system requires something for its proper nourishment. The quantity taken is usually about four quarts daily by measure, a part being given regularly every hour. Regarding the use of skimmed milk for this purpose, he has tried it in several instances, but does not find that any more benefit is derived from its use than from pure milk. In mild cases, he directs that the patient wear a complete suit of flannel night and day, but not to sleep in the one worn in the day time. Free daily dry-cupping over the loins is practiced, until the parts become quite reddened.

Saline laxatives are also administered, in order to make the bowels do the work of the kidneys; of these, he prefers the citrate of magnesia, giving a bottle at a dose. This he finds will diminish the albumen and increase the urine. He now endeavors to make the kidneys work by the use of diuretics, giving the citrate or bitartrate of potassium, either of which are freely taken; or the infusion of digitalis with potassium citrate may be used. This is continued for a week, allowing the patient to pass an abundance of water, after which period he substitutes for the above a mineral water, such as appollinaris, etc., at the same time keeping a careful watch over the urine. The patient is also directed to take plenty of gentle exercise, going out of doors each day, avoiding colds, however, and excitement of all kinds; besides this, free ventilation is secured at night, and general hygienic treatment strictly enforced. If these measures are carefully observed, he advises, the pa-



tient may be carried through, and the delivery accomplished satisfactorily.

In acute cases, however, with full, hard and quick pulse, plethora, marked œdema of the eyelids, severe nervous symptoms, and intense congestion of the face and head with threatening convulsions, Dr. McLane immediately resorts to venesection, drawing from 12 to 16  $\frac{z}{ss}$  of blood; after this he then proceeds with the administration of diuretics and the usual treatment. Or, if the patient is chloro-anæmic, white, pasty, and anæmic over the entire body, his treatment, at first, is as usual; then when the urine is free from albumen he administers iron, preferring Bland's pills gr. v. three times daily, and increasing this amount to gr. x-xv. Or, in other cases, carbonate of iron in powder, one-half to one teaspoonful three times a day is employed. Regarding the use of iron, although some object to it, believing that it causes harm to the ovum, in his experience no such effect has been noticed; on the contrary, the most satisfactory results have been obtained. Sometimes, he advises, it is better to combine it with chlorate of potassium; or the iodide of iron may be given; or the iron carbonate may be continued with carbonate of potassium with good effect."

When, however, this plan of treatment is unsuccessful, and the albumen keeps on increasing in amount, he advises that abortion may be necessary. This procedure he would delay as long as possible, for the sake of the child, but if the albuminuria threatens the life of the mother he then induces abortion at once; therefore, he advises, whenever there is any doubt, stop the pregnancy immediately, and the nearer to the eighth month the better."

Regarding the induction of premature labor, Dr. McLane is a firm advocate of this measure (in cases of great albuminuria, even without symptoms of approaching eclampsia), as soon as the child is viable, and contends that this plan of treatment shows better results than that of procrastination, advocated by many. Moreover he considers it a mistake to wait, in these cases, for the development of symptoms before inducing labor—that it is better to put the

patient out of danger at once. His indications for this resort (in a case of albuminuria), are a progressive increase in the quantity of albumen, a sudden fall in the specific gravity of the urine, and the presence of casts."

"Dr. William M. Polk advises that the presence of albumen in the urine is not a sufficient indication to induce premature labor, even though present in large quantity. As a rule, he finds that cases in which the urine contains fifty per cent. of albumen, with anæmia present, a good deal of anasarca and violent headache, if at all persistent, are the proper ones for the induction of labor. Although the urine may be passed in fair quantity. If, however, the percent. of albumen is not greater than fifty, with the amount of urine normal, and the symptoms mentioned are present, he believes that other treatment should be tried first. Concerning the specific gravity of the urine, he finds that it is sometimes pretty high in spite of the fact that convulsions have occurred or are imminent; but if a sudden fall in the specific gravity occurs, he looks upon this with much apprehension. He advises, however, that it is the presence of a group of symptoms, rather than of any one in particular, that indicates the propriety of bringing on premature labor. With reference to anasarca, as an unfavorable symptom, he considers it as one among a group, not separately. He fears it most, however, because when present, if convulsions occur, there is more likely to be œdema of the lungs. As for children born prematurely, but after the period of viability Dr. Polk believes that they stand less chance of living."

#### MENTAL HYGIENE—WORK AND OVERWORK.

BY

PROF. ALEXANDER WILDER, M. D.,

Newark, N. J.

(Concluded from page 225).

Professor G. M. Steele, of Wisconsin, very sensibly expatiates on the importance of a good body in the individual of studious pursuits. "There are comparatively few," says he, "who realize to its full extent the dependence of the soul for its effectiveness upon the health.

It is not merely that the body is the instrument of the mind and so must be in tolerable repair, in order to the profitable activity of the latter ; though this is a great and important consideration, fully equal to all that has been estimated concerning it. But also the body itself somehow has a greater agency in its effect, both on the mind and on some of the objects of the mind's action, than it has, in any case, received credit for. It is only in this supposition that the effect of some of our popular orators can be accounted for. Even such men as Whitefield, and Spurgeon, and Beecher, however much of their efficiency may be owing to their lofty spirituality and intense earnestness, certainly are far less indebted to intellectual superiority than to perfection of physical vigor or the happy balance of the physical powers. It may be doubted whether this muscular energy is not quite as indispensable a requisite in the intellectual work of the world as in its manual employments."

I am very much of the same judgment. The chief reason, it appears to me, why men of literary and scientific culture take rank in the affairs of this Republic so far behind the coarser order of politicians, and even of the proletary element, is not simply because of their philosophic distaste for such pursuits, which is in a great degree natural and legitimate, but largely because they are valetudinarians. They have not the robustness of body, nor force of mind which are necessary, but are more or less effeminately sentimental.

Hard study has been often set forth as a cause for mental disturbance and deteriorated bodily health. The same assertion is also made in regard to religious excitement, and in later years to the influences of what is denominated Spiritualism. So far as morbidness is associated with any of these agencies, it is the effect of other causes. The spirit of whisky has produced and is now creating a hundredfold more mental imbeciles than can be enumerated in all the ranks of spiritualists and religious people generally. Forty thousand a year die from alcohol in Great Britain. It is the inattention to hygienic conditions rather than the mere indulging in rapt

ecstasies that evolves insanity and mental morbidness. The passions are at the bottom of the matter. In every-day life any inordinate emotion results in disturbance of mind and body ; and the same conditions carried into religious and spiritual exercises will develop a corresponding alienation. But it is bad logic, not to say driveling folly, to impute these effects baldly to the mental cause. Religion is an universal phenomenon of humanity, as Max Müller has so truthfully declared ; no tribe or nation has yet been met with destitute of belief in any higher beings. Upon this faith all forms of religion are founded ; and when these essences are discarded from recognition, there is no worship left behind. The top of the human head becomes useless and without function ; and the conception of right and wrong totally withers. A grosser mental imbecility than that never existed in Bedlam.

I doubt very seriously whether hard study is at all injurious to mind or body. There may be evil in the complicating of various departments of study, and overtaxing the nervous energies in this manner. Certainly no sages or profound scholars are produced in that way. I greatly deprecate the plans and methods adopted in public schools, and anticipate a period when either the schools must be closed or the methods changed. Daniel Webster once said that if he had as many children as King Priam of Troy they should all attend the public schools. In response I would say, that under the present modes of instruction, I would be very reluctant to place any child for which I stood responsible in the average public school. They come out too often impaired in health, weakened in mental vigor, corrupted in moral sentiment, and unfitted for active life. If the nervous system is impaired in children, the effect will continue and prevent subsequent attainments.

In Tullane University, California, it is said that no student is permitted to pursue more than four studies. This is a better plan. In medical colleges, six to ten lectures are given daily, besides "private classes" all pay and little teaching ; and as a result little of value is learned and stored in the memory. I

have wondered at the fatuity existing on the subject. Sciences cannot be mastered in this way ; but health can be sacrificed.

Hard study itself, however, does not do the mischief. The studious men are those that wear. A well-employed mind gives vital force to the body. We have a greater proportion of septuagenarians and octogenarians among sages, savants, publicists, literateurs and journalists than in the average of other callings. Humboldt lived till 90 ; Mary Somerville till 92, and both preserved their mental vigor till the last. The two editors, Joseph Gales, senior and junior, lived respectively to 81 and 74. Thurlow Weed lived to 84. Gladstone, Tennyson and Oliver Wendell Holmes are about of an age, all 75 or thereabouts, with good chance to live on many years. Alfred R. Wallace is a veteran—sturdy and stalwart, with many years of good work in him. Thus mental culture appears to carry with it the assurance of prolonged life.

But perhaps the inference from all this is that hard work does not the mischief so much as worry. Let a man stop when he first detects fatigue, and there is no computing how long he would last. Nature always gives a hint of the kind, as every observant person knows. To have an object in life, a strong love and steady purpose, will to a large extent abolish fatigue. The felon in prison will wear away with work, which a free man would accomplish like play. All coerced effort wearies the body and impairs the health. Give every one an aim in life, such as will call out his energies to the full, and he is generally certain to be animated, cheerful, vigorous and healthy. The mental transcends the corporeal nature, and imparts to it of its own power.

There are moral conditions which are absolutely essential to mental health. It is imperatively necessary to perfect soundness of mind to know and believe what is true. There is always something unwholesome, pernicious and deranging about falsehood and wrongdoing. There should be no brooding over trouble or unfortunate conditions. The body as well as the mind becomes disordered in this way and probably

many more die prematurely from fear, gloomy thought and disordered fancies than with actual disease. The individual that does not control the mental processes is not of sound mind. There should be a vigorous unyielding will, verging very closely upon willfulness. This will be mighty in the way of overcoming unwholesome mental and bodily conditions and clearing the spiritual atmosphere. The gentle-willed, who are often so abnormally weak and submissive, generally fade away early ; the other kind come oftenest to gray hairs and a successful career. The faith which is so many times praised in the *New Testament* for its healthy energy upon the body and for the salvation or making whole of the soul or entire personality, was chiefly or entirely the force of will. It had to do with belief only as conviction imparting energy for mental action.

It has been asserted that the miracles of healing, recorded in the Scriptures and the extraordinary cures of later days, are generally in cases of nervous disease. Hysteria in women and its corollary in men have been often cited as argument by the skeptic. This is hardly candid, to speak as though the cure of a nervous disorder was not really a cure, but only a matter of superstitious fancy. It has been shown already that debility, which is solely nervous, is at the foundation of disorders generally, and therefore it is plain that the nervous disturbances must be corrected, whatever the case or treatment. I wish to impress the fact, however, that all these ailments are characterized by infirmity of will ; and that where this condition is obviated, any morbid affection, which is not structural, can be avoided or remedied.

Invalids are often recommended to change their abode, or occupy different apartments, or to take journeys. This is proper for moral as well as for physical reasons. "A shadow never falls upon a wall without leaving thereupon a permanent trace, a trace which might be made visible by resorting to proper processes," Professor John M. Draper assures us. "Upon the walls of our most private apartments, where we think the eye of intrusion is altogether shut out and our retirement can never be profaned, there

exist the vestiges of all our acts, silhouettes of whatever we have done." It requires little greater stretch of imagination to apprehend that every individual impresses his personality upon these walls, so that it will exercise a wholesome or a morbid influence upon every occupant. The skeleton is indeed in the closet or private apartment. These changes of scene are therefore serviceable in effecting a temporary removal from an occult but pernicious influence, potent for injury or benefit. Often a patient recovers by changing his room. The presence of sunlight drives out a multitude of sins. An argument is afforded for the vacations and temporary excursions which are now fashionable, as well as for the renovating of apartments, the whitewashing and housecleaning, which often render a house chaotic.

The company which we keep is also a matter of vital importance. Man is the most gregarious of animals; and a hermit or solitary is an abnormal product. We absorb the moral qualities of those with whom we associate, as well as their corporeal emanations. We are cheerful with those who are cheerful, sad with the melancholy, debile with the nervous and asthenic; and are made devout in the company of the devotional, frivolous with the light-minded, and even immoral and dishonorable by familiarity and even personal proximity to such. It is evil to remain in the society of individuals for whom we entertain repugnance, especially if this is instinctive or spontaneous. We are liable to be involved in some trouble or misfortune, if we neglect this precaution; and a most fearful exhaustion of the vital forces is often likely to supervene. Vampirism has been generally regarded as a fable; but in this sense, it is an undeniable fact. Many individuals are kept complacent by this transference of the energies of others; they live off from them in this way. We all are nourished and invigorated by the contiguity of the healthy and agreeable; and we are debilitated, exhausted, rendered nervous and fidgety, and sometimes even insane outright by familiar nearness to others. It is essential, therefore, to our health, bodily, mental and moral, to refrain from association with those of low health and

vitality, or unworthy, except it be in the matter of friendly service.

Our care should extend to our most common habits. Every mental action or condition has a corresponding gesture or attitude of body. If we imitate the movements and postures usually adopted by others in their peculiar moods, we come to resemble them, to think like them, to be affected like them, and to be like them. In order, therefore, to assure serenity of mind, an upright disposition, and a wholesome bodily condition, it is important to maintain such positions of body as promote all these.

It is common among moralists and philosophers to discourse upon the evils brought upon the mind by the luxurious and other ill habits of the body. Idleness for example is a pernicious cause of unnumbered ills morally and mentally as well as corporeally. Yet the body is often more worn and worried by the mind, when it is kept immeasurably active, and there is not proper care taken of it. In periods of passion, exciting pursuits, or any concern, the body is driven without mercy and spared. It is sometimes considered a merit to goad and lash it in various ways, depriving it of needful repose and sustenance. This, however, is bad ethics. A man should not bring a dull exhausted body to the transaction of grave affairs, but one that is the better for abundance of repose.

Studious men are often at fault, in neglecting of the wants of the body, and denying to it seasonable relaxation and comfort. The latter thus becomes disordered; and then studious pursuits must be laid aside, and the mind becomes partaker of the bodily distemper.

It would be insufficient to say all this, except we point out the more excellent way. The calamities of overwork and unphysiological habits can not be set forth too forcibly. When the burden weighs down one side of the body, he who carries it must needs bend over in the opposite side to restore the balance. In this case the man of business, the professional man and the laborer, are alike overtaxed, and there must be an alarm given, apparently out of proportion to the actual evil, in order to induce them to heed what is said. Those who are stigmatized as extremists, enthusiasts and



fanatics, have thus been the world's Apostles. They cry aloud and make men heed them. They believe in what they say and do, and so by moral impulsion make the others feel it to be true.

It is easy to extend this subject ; there seems no place to stop. It may be as well, therefore, to conclude now as ever ; at any rate, much will recur to mind that might well have been included here. In our summary, it may be well to say, that greater quietness is necessary to the health of our population. Much of the degeneracy with which we are taunted is due to our habit of seeking and living in excitement. A storm is good to clear the atmosphere, but no sane man desires to have one constantly. The eagerness to be rich has overturned the morality of our people ; nobody is content with "neither poverty nor riches," and therefore every one almost seeks affluence. This is at the foundation of the overwork which we have pointed out ; for it would not be very laborious to procure the necessities of life, if they were not liable to be wrested from us to swell the boards of the extortionate rich. We have praised recreation, yet I think many of our diversions are more fatiguing than hard work. This is no way to do. Relaxation is the loosing of the strained bow-string ; amusement, a withdrawing from much study which wearies the body ; recreation is a making of all things new. Let our diversions realize all this and the mind as well as the corporeal frame will flourish in glorious health and all the delights which are incident thereto.

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#### BRAIN-WORK AND BRAIN-FOOD.

BY

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The Germans have an old proverb to the effect that man is what he eats : "*Der mensch ist was er isst.*" Others assert that the pessimist is what he is by virtue of his diet, and that he may change himself at will to an optimist by adopting a pure Pythagorean regimen. Doctor Radcliffe says : "If we could solve the problem of diet, it would almost amount

to the re-discovery of Paradise. Wrong eating and drinking, and the breathing of vitiated air (which is food in the gaseous condition), these form the triple fountain-head of nearly all our diseases and misery."

There is much of truth in these sentiments. The relation between food and brain-work is worthy our consideration. Work has been well defined as "the conscious systematic application of brain or muscle to any definite purpose." There is much activity of brain and muscle, however, which may not be classified under this definition. The first operations of the mind in infancy, the early untutored play of the muscles is not work ; for there is no conscious application. It is not till the activity of brain and muscle falls under the domination of will and is employed upon set tasks that activity assumes the phase of work.

Nor is it possible to consider brain-work by itself exclusively. All muscular effort implies exercise of the central nerve-system. All purely mechanical operations involve more or less of mental effort. Since the brain is the regulator of the entire bodily mechanism, it has to do what may be termed body-brain-work.

In the various occupations of life it is difficult to make the distinction between the brain-work that is corporeal and brain-work pure and simple. The merchant, the speculator and the forger, as examples, perform brain-labor rather than manual labor ; but they are not, therefore, brain-workers *par excellence*. The limit of the capabilities of the brain is found not so much in the elaboration of concrete ideas as in the evolution of abstract thought.

Those classes which are habitually employed in the systematic evolution of abstract thought may then be grouped together as brain-workers. Among them we may enumerate clergymen, lawyers, physicians, scientists, men of letters, students and also school-children ; and to their needs we direct our attention. However, it is impossible to discuss intelligently this highest function of the brain, except as we recognize the physiological interdependence of the various organs and functions of the body. Although the brain exercises a controlling influ-

ence, it is no more independent of the body than is the general in command of his army. The brain performs its functions only at the expense of the general economy. The force it would employ in the generation of thought must be drawn from the common fund, and its power to make use of force in cerebration depends upon its own physical well-being as an organ. The brain as an organism, then, in order to the best performance of its functions, must be well-nourished and kept in good working order.

It is a well-established fact that the functional activity of any organ of the body is accompanied by increased activity of the circulation in that organ. It therefore follows that when an active part receives more blood other parts must receive less. It has been demonstrated by repeated experiment, that increased mental action calling for an increased supply of blood to the cerebral blood-vessels is accompanied by a contraction of the blood-vessels in other parts of the body. It becomes evident that the individual who employs his brain actively and without ceasing largely thereby reduces the supply of blood to other organs and tissues, and appropriates it to its own uses. The demands of the brain-worker upon the nutritive economy are consequently heavy and imperative.

Food or force-material is required in large quantities. Disintegration of tissue proceeds at a correspondingly accelerated rate. The broken-down tissue must be rapidly and efficiently removed and the process of repair must keep pace with the process of demolition. That portion of the brain most intimately concerned in the thought-processes is the microscopic cells of the gray matter, or that delicate tissue of gray nerve cells which envelops the brain in all its folds and convolutions. Between the activity of these nerve-cells and the nature of the blood-supply the relation is most intimate and important. The problem of securing their continuous and productive activity without overtaxing their vitality or impairing their constitution, resolves itself primarily into a question of blood-supply. Whatever tends to keep the blood rich in nutritive material and free from

effete or foreign matter tends to facilitate vigorous brain-action.

The character of the circulating current is dependent upon certain conditions. The most important of these are the fidelity with which the various physiological functions of the body are performed, the perfect elimination of worn-out products from the composition of the blood, and the nature and amount of food-material taken up by the blood-current.

I. The blood-making apparatus should be complete and efficient in its appointments. Failure of the digestive and assimilative functions signifies abnormal and inadequate blood-product and diminished quantity of brain-force.

The importance to the brain-worker of a sound, vigorous physique can hardly be over-estimated. There can only be *mens sana in corpore sano*. Other things being equal, the lusty, hardy and healthy possess the greatest capacity for performing continuous and first-class mental work; for, with varying nerve-quantity the brain can work only fitfully, or with effort at great cost of reserve force. A dyspeptic may have nerve-force of fine quality, but available only intermittently and spasmodically. Carlyle is a most notable example of a literary man laboring at a tremendous disadvantage through chronic disordered digestion. The thinking faculty, capable of heroic effort, with its imperfect and remitting supply of nerve-force, was obliged to toil laboriously and with painful concentration of resources upon the task in hand.

II. The capacity for brain-work may be most effectually limited through the undue presence of waste material in the circulating medium. It is well known that the brain can not work protractedly with equal vigor throughout. When at rest it requires one-third of all the pure blood thrown out by the heart. At work its blood-supply is largely increased; while under intense application, it becomes engorged, the process of disintegration proceeds rapidly, exceeding the possibility of repair. Consequently waste material accumulates to clog the operations of the mental machinery. If the fatigued brain be urged on and the process of repair retarded, brain-structure suffers deterioration and

becomes less efficient, but with the elimination of impurities and opportunity to make good its losses, it quickly regains its vigor and power.

The brain-worker, then can not afford to allow the accumulation of *debris* in the blood-current. To this end the circulating must be equalized and an equilibrium established between the muscular and nervous systems. In other words, periods of mental rest and muscular exercise must alternate with intense cerebral activity, the legitimate result being to accelerate the circulation increase respiration, oxygenize waste material and effectually purify the blood. It must also be borne in mind that exercise promotes digestion by creating in the muscles a demand for nourishment and thus utilises to a larger extent the abounding supply of a miscellaneous diet. In fact, the brain-worker who digests vigorously and who, by muscular exertion, creates a demand for the varied products of indigestion, may follow the bent of his appetite for food even to the verge of excess without appreciable harm or diminution of mental energy.

III. Yet the blood-supply, may, by proper diet, be largely modified to suit the requirements of brain and body.

The problem for the brain-worker is how to increase the amount of brain-work to the maximum and the amount of rest and exercise to the minimum and still preserve the organism in a state of health and vigor, maintaining a pure, nourishing supply of blood to the whole organism and particularly to the brain. In brief he desires to devote to mental labor all the available energy of his being. First, as nervous energy correlates both with physiological action and with mental action, he will avoid the unnecessary expenditure of force in the performance of purely physiological functions, such as digestion, elimination, etc. Presupposing a normal and satisfactory condition of the blood-making apparatus, the brain worker needs to tax his digestive system with the preparation of only such and so much food-material as will best supply the demands of his mode of life; or, stated negatively, he will not divert a large share of surplus energy to the task of elaborating a quantity nutritive material largely exceeding or ill befitting

the needs of his physical organism, to become a noxious burden to the circulating medium, a possible poison to the cerebral cells, and necessitating further outlay of force (together with muscular exercise) in its elimination from the system. Hence, "What shall I eat?" is by no means a trivial question to the man who lives by the use of his brain, and requires the most careful consideration. Yet the limits of this article forbid minute investigation and permit only a cursory view, the statement of general deductions and the specification of certain particulars wherein the brain-worker need not err.

Beginning with first principles, we find that carbon, hydrogen, oxygen and nitrogen enter largely into the composition of the animal body; and that other constituents, such as sulphur, phosphorus, salts of lime, magnesia, potassa, etc., are present in small portions. Of these nitrogen is essential to the construction and repair of the body, while carbon and hydrogen in the presence of oxygen evolve animal heat and develop the various forms of force physical and mental which the body is capable of exerting. Thus the demands of the system are mainly for nitrogenous material and for carbo-hydrates or non-nitrogenous material—nitrogenous food for the construction and repair of tissues; non-nitrogenous matter by its oxidation to supply motive power whether muscular, nervous or glandular.

From which class does the brain-worker draw principally? Since there is not large waste of tissue, excepting perhaps nerve-tissue, and since there is a large expenditure of force involved in the action of the nerve-centers, his main dependence would seem to be upon the hydrocarbons. The combustion of hydro-carbonaceous material results in the liberation of heat. According to the doctrine of the conservation of energy, force is transmutable from one form to another. The process of oxydation may liberate force—not alone as heat, but as nerve-energy manifested as motion, emotion or pure thought. Hence the kind of ailment with the greatest capacity for oxydation will be of greatest value to the brain-worker; while of nitrogenous food he needs sufficient only to preserve the

various tissues in normal and working condition.

All animal food is albuminous, highly complex and varying compounds of carbon, hydrogen, nitrogen and sulphur. It furnishes nitrogen in the largest proportion, while through its disintegration it yields a small per cent. of carbo-hydrates. As food, two-thirds are appropriated for plastic purposes, while one-third is simply wasted. Being highly organized in the form of animal tissue, it make large demands upon the digestive, assimilative and excrementitious functions in its transformation into nutritive blood-material and in the proper elimination of residual products. In act and experience a large proportion, of highly-nitrogenized food is compatible only with a large amount of muscular work.

Some tribes that spend their lives in the saddle, live exclusively upon lean beef and maintain vigor; but as a general rule there seems to be too large a consumption by all classes of nitrogenous or flesh-forming material for the healthy performance of the animal function. The brain-worker will need to exercise much discretion in the direction if he would make his mental labor easy, and not inconveniencing.

Some writers claim that "flesh-food tends to check intellectual activity, not so much by making us averse to mental occupations as by muddling what phrenologists call the *perceptives*." A mutton-chop may have the potentiality of a brilliant thought, and on the other hand there may be murder in a mince-pie. The carnivorous brain-worker who comes to experience the torments of indigestion, may be led to exclaim, as did Mr. Bumble in regard to Oliver Twist's blasphemy: "It is not madness, ma'am. It's Meat."

A perfect food contains all the necessary constituents for the ordinary demands of the body. Example of these are milk and eggs, but as the active brain requires an unusual supply of non-nitrogenous food they are not exclusively adapted to its needs. Non-nitrogenous material in the form of oleaginous food seems especially fitted to meet the exigencies of much cerebration. Fat, butter and oily matters generally are

fuel ready-made. They require no digestion, properly speaking, make no demands upon the portal circulation, yield readily to combustion and cumber the circulation with no detritus. If their capacity for oxidation be any criterion, their value as force-producing agents is double that of albumen of fibrine. They are also of value as furnishing food for nerve-tissue, inasmuch as all nerve-tissue is of fatty composition. Furthermore, they assist in the assimilation of albuminous matter. The ordinary diet of every nation on the globe includes one or more articles of an oleaginous character. The Esquimau subsists on blubber, while the Italian relishes his olive oil, and the Hindu craves his modicum of "ghee." The literary man especially will subserve his own interests by including in his dietary fats, as consumed in milk, eggs, butter, animal fat, and many products of the vegetable kingdom. Of all vegetable products the cereals are richest in fatty matter. In fact the cereals contain all the elements necessary to life, wheat ranking highest in quality, and in the form of bread is fairly entitled to be distinguished as the "staff of life." Being rich in carbohydrates it ministers to the necessities of the working brain, and in its various forms may rightly be called the best brain-food. Beans and peas, being rich in nitrogen, and maize in fat, furnish a fair substitute to the working man for the beef and mutton of the animal kingdom.

Of the minor constituents of the human organism, none enters so largely into the composition of the cerebral substance as phosphorus; and it is of the highest importance that the brain be not deprived of its normal supply. Those who have the treatment of the insane well understand that the phosphates are especially invaluable in restoring mental equilibrium, while mental exhaustion may be remedied in like manner. Moreover, phosphate of soda in solution in the *liquor sanguinis* increases its capacity for the absorption of carbonic acid and thereby assists in the elimination of that product from the tissues. In brain-labor, the increased waste of cerebral and nervous tissue calls for an abundant supply of phosphates, which are usually



found associated with albumen in flesh, fish and milk.

It seems hardly necessary to speak of certain articles which the brain-worker must exclude from his list of dietetic necessities. The habitual use of wine, beer or spirits, and tobacco, is of no real help to him. Says Dr. Carpenter: "Extended experience has shown that, notwithstanding the temporary augmentation of power which may result from the occasional use of fermented liquors, the capacity for prolonged endurance of *mental* or bodily labor is diminished rather than increased by their habitual employment." The physiological results of mental overwork and over-stimulation are much the same, involving the kidneys in multiplied toil. The excrementitious functions being heavily taxed in eliminating the products of nervous activity, can not reasonably be expected to perform other extra work in carrying off the products of beer or liquor drinking. The effect of tobacco seems to be to greatly increase interstitial changes in brain and nervous tissue, and while temporarily facilitating flow of thought, tends to rapidly exhaust the supplies of nerve-force which the brain should hold in reserve and have at command, without resorting to the stimulus of nicotine.

To recapitulate: The dietary of the brain-worker should exclude the stimulating, should include a modicum only of the highly-nitrogenized and a liberal supply of the non-stimulating, such as bread, milk, fruits, vegetables and farinaceous articles generally. The mental worker who would get the most work out of himself at least cost must deal carefully and faithfully with himself, must watch the effects of license on his mental and bodily states, and boldly deny himself and his appetite when he discovers signs of harm or weakness. The subject in its details is one demanding patient scrutiny and observation. Thus alone shall we learn more about the process going on within nature's mysterious laboratories in brain and nerve-cells, learn more of the wonderful physics and chemistry of living matter, and gain valuable knowledge of the conditions under which the brain best acts and generates that which we call THOUGHT.

## ABSTRACTS.

In regard to the operation for dividing certain fibrous bands in the little finger so as to give pianists more freedom in the use of it, *The British Medical Journal* says that in the fourteen cases of Dr. Forbes, of Philadelphia, good functional results have been obtained, but it suggests that "the effort necessary to stretch any fibrous band existing between the fingers is itself useful, as tending to stretch all the muscles attached to them."

STAFFORDSHIRE KNOT.—Mr. Tait makes the tie to constrict a pedicle in two equal parts, as follows: He employs an awl-like needle, with an eye near the point, and threaded with the ligature, to transfix the pedicle at its middle. As soon as the eye appears on the distal side, the ligature is seized and pulled upon while the needle is withdrawn, and entirely cleared. Now there is a loop on one side of the transfixed pedicle and two free ends on the other. The next step is to pull upon the loop until it is long enough to pass over the tumor or collapsed ovarian cyst; then one of the free ends is passed through the loop, and the two ends pulled upon till the loop is shortened and made to encircle the halves of the pedicle at the line of transfixion.—*Albany Medical Annals*.

A French physician contends that groaning and crying are two grand operations by which nature allays anguish; that those patients who give way to their natural feelings more speedily recover from accidents and operations than those who suppose it unworthy in a man to betray such symptoms of cowardice as either to groan or cry. He tells of a man who reduced his pulse from 126 to 60 in the course of a few hours by giving full vent to his emotion. If people are at all unhappy about anything let them go into their rooms and comfort themselves with a loud boo-hoo and they will feel one hundred per cent. better afterward. In accordance with this the crying of children should not be too greatly discouraged. What is natural is nearly always useful, and nothing can be more natural than the crying of children when anything occurs to give them physical or mental pain.

The latest theory concerning Bright's disease and other affections of the kidneys is that they are due to the immoderate use of ice-water and other chilled beverages. Thirty or forty years ago, a physician asserts, when people slaked their thirst with fresh water from well or pump, kidney disease was virtually unknown. Now, however, the general use of ice-water in every household and saloon and the multiplication of soda fountains cause thousands of persons to abruptly shock their heated internal organs with freezing draughts, and kidney troubles have become very prevalent.

A contemporary quotes the following story from "Lockhart's Life of Scott:" It happened at a small country town in the North of England that Scott suddenly required medical advice for one of his servants, and on inquiring if there was any doctor at the place, was told that there were two—one long established, and the other a new-comer. The latter gentleman, being luckily found at home, made his appearance—a grave, sagacious-looking personage, attired in black, with a shovel hat, in whom, to his utter astonishment, Sir Walter recognized a Scotch blacksmith, who had formerly practiced with tolerable success as a veterinary operator in the neighborhood of Ashestiel. "How in all the world," exclaimed he, "can it be possible that this is John Lundie?" "In troth it is, your honor, just *a' that's for him*," "Well, but let us hear; you were a *horse* doctor before; now it seems you are a man doctor; how do you get on?" "On, just extraordinar' weel; for your honor maun ken my practice is vera sure and orthodox. I depend entirely upon *twa simples*." "And what may their names be? Perhaps it is a secret." "I'll tell your honor;" in a low tone, "my *twa simples* are just *laudamy* and *calamy*!" "Simples with a vengeance!" replied Scott. "But, John, do you never happen to *kill* any of your patients?" "Kill?" "Ou ay, may be sae! Whiles they die and whiles no; but it's the will of Providence. *Only how, your honor, it wad be lang before it makes up for Flodden!*" —*Boston Med. and Surg. Journal.*

At this season of the year the *North-western Lancet* opportunely calls attention to the value of watermelons as a diuretic, because at this time the fruit can be obtained at the greatest advantage. There is, however, a preparation called honey of watermelon whose diuretic action is most striking. A Russian physician has recently made experiments both with fresh juice and the syrup, and has been able to increase the daily flow of urine by three or four times. The treatment is well worth trying, not only in dropsies from various causes, but in gonorrhœa, cystitis, and other affections of the genito-urinary tract where it is desired to produce an abundant and bland urine. The peasants of Russia have long known this remedy and used it with good success in the classes of affections named.

FAITH HEALING.—Rev. Dr. Buckley, editor of the Methodist *Christian Advocate*, has a long article in the June *Century* opposed to the claims of Christian "faith healers." "Its tendency is to produce an effeminate type of character which shrinks from any pain, and to concentrate itself upon self and its sensations. It sets up false grounds for determining whether a person is or is not in the favor of God. It opens the door to every superstition." "It directs attention from the moral and spiritual transformation which Christianity professes to work, a transformation which, whenever made, manifests its divinity, so that none who behold it need any other proof that it is of God. It destroys the ascendancy of reason in the soul, and thus, like similar delusions, it is self-perpetuating; and its natural, and in some minds its irresistible, tendency is to mental derangement."

PHOTOGRAPHING SICK PERSONS.—It is stated that most of the French hospitals have now a photographic studio attached to the premises for photographing the patients at different times. The rapid dry-plate process is employed for this purpose, and there has been devised an electrically operated camera, which is found very useful in obtaining a series of views in rapid succession. Certain classes of patients are photographed on their

entry into the hospital, and at regular intervals thereafter. In cases of hysteria, for example, it is said to be interesting to note the original contractions and compare them with succeeding ones, the photographs being all placed in an album for study of the disease, and for comparison with others taken from other patients. In this simple and convenient way the leading features of the ailment are made recognizable. The new printing processes also enable these photographs to be copied and distributed to other hospitals and medical men.

### ITEMS.

Dr. C. P. Hart, the well known writer on nervous disorders, has returned to Wyoming, Ohio.

The children's monthly *St. Nicholas* is about to begin a new volume, and we commend it to parents everywhere as a healthful influence that is good to have in the house.

Reed & Carnick, of New York, will send you *Diet Tables*, a series of leaflets, giving the requisite diet in any given disease, upon receipt of request. These *Diet Tables* will be a convenience to the practitioner, as the nurse is thus furnished, in printed form, with a list of just what the physician wishes his patient to eat.

The Hom. Med. Society of Pennsylvania will hold its twenty-second annual session at Philadelphia, on September 20-23. The new College Building will be open, and a very cordial invitation is extended to the profession to be present at the several meetings.

"THERE ARE MANY MADE, but very few of any value," was the remark of a celebrated authority. This remark is well adapted to the many kinds of electrical apparatus, for there are many made, but when it comes to real merit and adaption to remedial uses, the one that can always be relied on is the "Jerome Kidder" machine. It is the perfection of "means to an end," for in the many years since it was first introduced there has been constant study as to improving it. The science of medicine has been steadily developing new methods of combating disease, and for many kinds of trouble assailing the human form. Electricity has proven eminently successful in alleviating mankind. Its benefits are the spoken praises of a great multitude who have been restored to health.—*Pharmaceutical Record*, August 15, 1886.

THE NEW OR OLD CODE.—At a malpractice suit in April term, Court of Common Pleas, War-

ren, Pa., the defendants were two allopathic physicians. Three of the principal experts for defence were homœopathic physicians, who were surgeons in the army during the war. The principal expert for plaintiff was an alleopath, paid \$25 a day, who stated on cross-examination that the neurilemma was the *substance* of nerve fiber and not the sheath; that the sciatic nerve was a quarter of an inch in diameter; was not three-quarters of an inch, but might be half an inch; that a violent blow over the course of the sciatic nerve, on posterior aspects of the thigh, from falling from a wagon, going at a rapid rate, and striking on the revolving wheel would not injure the sciatic, as it was protected by several layers of muscles; that the ligamentum teres was to supply nutrition to the head of the femur, and other equally scientific (?) statements. A. B. Richmond, Esq., of Meadville, Pa., a graduate of medicine and a gentleman of fine scientific attainments, was senior counsel for the defence.

A CONQUEST OF CHEMISTRY.—Heretofore, to the best of our knowledge, there has never been manufactured an emulsion of cod-liver oil that was not subject to more or less separation of the oil from the vehicle under certain conditions of temperature. To patients who were not familiar with the properties of all cod-liver oil preparations, this separation of the oil has been an objection, and in fact has created in many cases a suspicion that the preparation itself had undergone changes depriving it of its therapeutic value. This has been a continuous source of annoyance to the medical profession as well as to druggists, and one, too, from which there was promised no relief. However, Messrs. William F. Kidder & Co., of New York, after several years of investigation and experimentation with Hydroleine (hydrated oil), have finally succeeded in overcoming this objection by making Hydroleine so that it will keep indefinitely and withstand any degree of heat or cold without the slightest separation of the oil. Although the process of manufacture has been changed, to improve the keeping qualities of the drug, the preparation remains the same as before, with the exception of a slight change in its consistency, it being somewhat thicker than formerly; but the most important consideration being its therapeutic effect, the question naturally arises itself: has this improvement in the pharmacy of the preparation been made at the expense of its medicinal qualities? We are pleased to say it has not detracted from its therapeutic value in the slightest, and Hydroleine is just as effective as ever. We can give it no better testimonial than to say "It is as good as ever," for its usefulness in all cases where cod-liver oil is indicated is too well established to need any comment. We have never heard any objection to Hydroleine, except that it would separate, the same as other cod-liver oil preparations, and now that its manufacturers have overcome this, we believe that the profession have only to be made acquainted with the improvement to insure their appreciation of the change in the preparation, the enterprise of its manufacturers, and to prescribe Hydroleine whenever cod-liver oil is indicated.—*Medical Bulletin*, August, 1886.

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THE TIMES OF THE REMEDIES.

COMPILED BY DR. IDE, OF STETTIN, TRANSLATED BY

PROF. S. LILIENTHAL, M. D.

*(Continued from page 278.)*

EVENING (continued).

- Diarrhœa in cold evening air : Colch., merc.  
Diarrhœa, 4 to 6 P. M. : Carb. v.  
Diarrhœa, 4 to 8 P. M. : Lyc.  
Diarrhœa, 5 to 6 P. M. : Digit.  
Tenesmus : Bism.  
Burning in ano : Carb. an.  
Frequent desire to urinate : Kreos., lyc., sabad., sep., zinc.  
Urging to urinate : Ammon. c., bell., sabad.  
Erections : Cinnab., phosph.  
Itching on male sexual organs : Ignat., puls.  
Sore pain of female sexual organs : Kreos., rhus.  
Soreness of female sexual organs : Carb. v.  
Coryza, moist : Carb. v., iod., kal. c., lach., lith., rumex., selen.  
Coryza, dry : Puls.  
Coryza, dry in the evening, moist during the day : Euphr., nux v.  
Chronic coryza worst in the evening : Thuja.  
Sneezing : Puls.  
Nose stuffed : Carb. v., cin., euphr., puls.  
Hoarseness : Alum., brom., carb. v., caust., cinnab., graph., lach., lact., kal. bichr., magn. c., nicc., rumex., sul., thuja.  
Hoarseness in bed : Nux v.  
Hoarseness every evening : Graph.  
Catarrh of larynx and trachea : Croton.  
Accumulation of mucus in trachea : Croton.  
Cough : All. cep., ambr., ammon m., anac., ant. cr., apis, arn., ars., baryt. c., bell., bism., bry., calc., caps., carb. an., carb. v., caust., cham., chin., cin. croton., dros., eugen., eupat., euphr., ferr., fluor. acid., graph., hep., ignat., iod., lach., laur., led., lith., lyc., magn. c., magn. m., merc., mez., mosch., mur. acid., natr. m., nitr. acid., nux m., nux v., petrol., phosph., phosph. acid., puls., rhus, rumex., sang., seneg., sep., silic., spong., stann., staph., sticta., sul., sul. acid., tabac., veratr., verbasc., zinc.  
Cough in the evenings in bed : Agn., ammon. c., anac., ars., bell., calc. c., caps., carb. v., dros., graph., hep., hyosc., ignat., ind., kreos., magn. c., merc., natr. m., nicc., nux m., nux v., par., petrol., puls., rhus, ruta., sep., staph., verbasc.  
Cough in the evening after lying down : Euphr., lach., nitr. acid., staph., thuja.  
Cough in the evening when going to bed, and after being in bed for some time : Dolichos., sul.  
Cough from evening till midnight : Hep.  
Cough from 4 to 6 : Lyc.



Cough returning daily about 6 and continuing the whole night, hardly any in the daytime : *Sticta*.

Cough worse toward evening : *Caps.*, *spong.*

Cough worse after 7 and lasts the whole night : *Rumex*.

Cough followed by fever : *Con.*, *hep.*, *iod.*, *kreos.*, *lyc.*, *sul.*

Cough followed by vomiting of mucus : *Ind.*, *mez.*, *rhus.*

Hæmoptysis : *Sepia*.

Cough with expectoration : *Arn.*, *baryt. c.*, *bov.*, *chin.*, *cin.*, *croton*, *digit.*, *ignat.*, *iod.*, *nux. v.*, *ruta*.

Cough with loose expectorations also nightly, which is swallowed mostly mornings : *Caust.*

Suffocating cough : *Carb. an.*, *ind.*, *natr. m.*

Spasmodic cough : *Carb. v.*, *natr. m.*

Spasmodic cough about 6 p. m. daily : *Ammon. m.*

Spasmodic cough dry and hard, regularly at 6, continuing for several hours : *Con.*

Titillating cough : *Merc.*, *rhus.*

Oppression of chest : *Chin.*, *phos.*, *zinc.*

Oppression of chest in bed : *Con.*, *sep.*

Contraction of chest, and dyspepsia from evening till 10 A. M., better by lying down, worse when rising up : *Calc. phosph.*

Oppression of breathing in bed : *Tart. emet.*

Disturbances of breathing : *Ars.*, *chin.*, *cycl.*, *ferr.*, *nux. v.*, *phosph.*, *puls.*, *rhus.*, *stann.*, *sul.*, *tart. emet.*, *zinc.*

Disturbances of breathing in bed : *Ars.*, *carb. an.*, *chin.*, *con.*, *ferr.*, *graph.*, *natr. m.*, *sep.*, *tart. emet.*

Breathes easier in the evening : *Lyc.*

Short breathing : *Cycl.*, *rhus.*

Short breathing in bed : *Sep.*

Blowing and wheezing breathing in bed : *Natr. m.*

Fits of suffocation in bed : *Ars.*, *chin.*, *ferr.*, *graph.*, *tart. emet.*

Fits of suffocation when falling asleep : *Ammon. c.*

Fits of suffocation during sleep, which awaken the sleeper : *Sambucus*.

Asthma : *Ferr.*, *nux. v.*, *phosph.*, *puls.*, *ran. b.*, *stann.*, *zinc.*

Asthma in bed : *Graph.*, *sep.*

Palpitations : *Brom.*, *carb. an.*, *carb. v.*, *ind.*, *petrol.*, *phosph.*, *sep.*, *sul.*

Palpitations in the evening after lying down : *Graph.*, *natr. c.*, *nitr. ac.*, *phosph.*

Palpitation in the evening for half an hour, immediately after lying down, for three nights successively : *Oxal. acid.*

Shuddering in chest : *Ars.*

Pains and stitches in chest : *Merc.*, *nitr.*, *nux. m.*, *ran. sc.*, *stann.*, *sul.*, *verb.*

Pains and stitches in chest in bed : *Sep.*, *verb.*

Weakness of chest : *Ran. sc.*

Pains in nucha : *Oleand.*

Pains in back : *Cist.*, *led.*, *nux. v.*, *tereb.*

Pains in sacral regions : *Led.*, *tereb.*

Stiffness worse in sacral region : *Baryt. c.*

Coldness of hands in bed : *Carb. an.*

Heat in hands : *Led.*

Swelling of hands : *Rhus.*, *stann.*

Tremor of hands : *Hyosc.*

Pains in hands : *Natr. c.*

Pains in arms : *Hyosc.*, *led.*, *puls.*, *rhus.*, *stann.*

Pains in arms in bed : *Carb. v.*, *kreos.*, *magn. m.*

Coldness of legs when lying in bed : *Sass.*

Coldness of feet : *Calc. c.*

- Coldness of feet in bed : Ammon. c., carb. an., graph., kal. c., nux v., par., sul.  
 Benumbing stiffness of legs : Silic.  
 Spasms in legs : Hipp., silic.  
 Trembling of legs : Lyc.  
 Restlessness in legs and feet : Kal. c., nitr. acid, secal., sep., tabac.  
 Swelling of feet : Ammon. c., cocc., hyper., phosph., puls., rhus, stann.  
 Pains in legs : Ambr., calc. c., ferr. magnet., kal. c., led., lyc., natr. s., nitr. acid, selen., sep.  
 Pains in legs in bed : Carb. an., ferr. met., ind., phosph., sul.  
 Pains in hips : Ferr., valer.  
 Pains in thighs : Aur., ferr.  
 Pains in knees : Lyc.  
 Pains in legs : Cinnab., lyc.  
 Pains in calves : Nux v.  
 Pains in tarsal joint : Natr. c.  
 Pain in feet : Ferr., lyc., phosph., puls., silic., sul.  
 Pains in soles : Berb., magn. m., silic.  
 Pains in toes : Cistus.  
 Heat in skin : Anac.  
 Burning in skin after rising from bed : Fluor. acid, mang. acct.  
 Running under the skin as from fleas : Gent. cruc.  
 Severe itching from evening till midnight beginning in the soles and spreading over the whole body : Aurum.  
 Itching of skin : Berb., bry., carb. an., carb. v., cocc., coloc., cycl., gutti., ind., lyc., kreos., magn. m., merc., mez., nux v., oleand., puls., sass., selen., silic., thuja, zinc.  
 Itching of skin in bed : Carb. an., carb. v., coloc., cycl., merc., nux v., puls., sass., thuja, zinc.  
 Itching of skin when undressing : Ars., cocc., dros., mez., nux v., oleand., silic., stann.  
 Chill, evenings, in bed : Alum, ammon. c., bor., carb. an., chin., ferr., nux, *phosph.*, silic., sul.  
     " every evening at the same time : Tart. emet.  
     " every other day : Lyc.  
     " evenings and lasting the whole night : Lyc., puls., rhus.  
     " during the pains : Ign., puls.  
     " after 4 P. M. : Graph.  
     " at 5 P. M. : Con., kal. c.  
     " 5 to 6 P. M. : Phosph., sul.  
     " 5 to 7-8 P. M. : Hep.  
     " 6 P. M. : Arg. nitr., nux v.  
     " 6 to 8 P. M. : Kal. iod., sul.  
     " 6 to midnight : Lachnanthes.  
     " 7 " Bov., lyc., petrol., rhus.  
     " 7 to 8 : Sul.  
     " 9 P. M. to 10 A. M. : Mang. s.  
 Horripilations, evenings : Alum, nitr. c.  
 Shiverings : Acon., ars., aur., bor., cham., diad., hell., *magn. s.*, merc., *nitr. acid*, phell., phosph., phosph. acid, plat., spig., squill., sul., agar., berb., carb. v., mur. acid, nux m., nux v.  
 Chilliness toward evening : Carb. v., mez., rhus.  
     " after supper : Ran. c.  
 Heat in the evening, chill in the forenoon, daily returning : Carb. v.  
     " " " in bed : Borax, calead., coff., kal. c., kal. m., laur., mez., mosch., puls., sass.  
     " followed by sweat in the evening : Agar.  
     " flying, flushes : Berb., nitr. acid, sep., valer.

- “ “ toward evening : Nux v.  
 “ “ after supper : Spig.  
 Sweat : Calc. c., mur. acid, sul.  
 “ every other evening : Baryt. c.  
 “ 3 to 5 : Silic.

## NIGHTS.

- Ailments arise : Ammon. c., bryo., calc. c., cham., chin., con., eugen., euphorb., gutti., mang. ac., sep., sul.  
 Aggravation : Acon., ammon. c., ammon. m., ant. cr., apis, arn., ars., aur., baryt. c., bell., bism., bryo., cact., camph., cann., canth., caps., carb. an., carb. v., caust., cham., chin., cin., cinnab., cist., clem., coff., colch., con., croc., cupr., digit., dros., dulc., eugen., euphra., ferr., graph., grat., guaj., hell., hep., hyosc., ignat., iod., jugl., kal. c., lach., led., lyc., magn. c., magn. m., magn. s., mang., merc., mez., mur. acid, natr. c., natr. m., nicc., nitr. acid, oleand., ol. an., op., par., phosph., plumb., puls., ran. b., rheum., rhus, sabad., secal., selen., sep., silic., spig., spong., staph., stront., sul., sul. acid., tart. emet., thuja.  
 ———  
 Aggravation before midnight : Ang. ver., arn., bell., brom., bryo., carb. v., caust., cham., graph., hep., lach., led., lyc., mang., merc., mez., mur. acid, petrol., phosph., puls., ran. b., ran. sc., rhus, sabad., spig., spong., stann., staph., stront., tart. emet., valer.  
 Aggravation after midnight : Acon., ammon. c., ars., bell., calc. c., cann., canth., caps., caust., coff., croc., dros., dulc., ferr., graph., hep., ignat., iod., kal. c., magn. c., mang., merc., natr. c., nitr., nux v., plat., ran. sc., rhus, samb., scill., sul. acid, tart. emet., thuja.  
 Aggravation from midnight till noon : Ars., cist.  
 “ at 1 P. M. : Ars.  
 “ at 2 P. M. : Benz. acid, lachn.  
 “ at 2-3 P. M. : Kal. c.  
 “ at 2-4 P. M. : Pod. p.  
 “ at 3 P. M. : Calc. c., euphr., kal. c., pareira, staph., thuja.  
 “ from 3 till morning : Nux v.  
 “ in bed : Acon., magn. m., merc., rhus.  
 Ailments pass off : Plumb. ac.  
 Nightly aggravation with chill : Hep.  
 Aggravation during nocturnal febrile chill : Hep., ignat.  
 Nocturnal discharges worse : Alum., chin., iod., kal. c., nux v., sep., staph.  
 Exhaustion from night study : Colch.  
 Aggravation from night study or watching : Cocc., colch., laur., nux v., puls., selen.  
 Sleep, pains felt in sleep : Ars., carb. v., chin., graph., hep., nitr. acid, silic., sul., sul. acid.  
 Sleep, pains disturb the sleep : Cham., coff.  
 Pains worse during first sleep : Ars., bryo., calc., carb. an., carb. v., graph., lyc., merc., phosph., puls., rhus, sep.  
 Pains worse during sleep : Acon., ars., baryt. c., bell., borax, bry., cham., chin., con., hep., hyosc., ignat., kal. c., lyc., merc., mur. acid, opium, phosph., phosph. ac., puls., rheum., samb., sep., silic., stram., sul.  
 Pains before falling asleep : Merc.  
 Pains, when falling asleep, return : Lil. tigr.  
 Pains worse after sleep : Acon., anac., apis, arn., camph., carb. v., caust., cin., cocc., con., euphr., ferr., graph., hep., lac. can., lach., lyc., mur. acid, opium, puls., rheum., sabad., stann., staph., stram., sul., thuja, veratr.  
 Pains better after sleep : Ars., calad., colch., nux v., phosph., sep.  
 Sleep only before midnight : Bryo.  
 Sleep deep before midnight : Rhod.  
 Sleep deep after midnight : Cham.  
 Sleep only towards morning : Cycl., magn. s., merc. s., natr. c., valer.

- Sleeplessness : Acon., æth., ambr., ammon. c., ars., bapt., baryt. c., bell., borax, bryo., calc. c., camph., cann., caps., carb. an., carb. v., caust., cham., chin., cic., cin., cinnab., clem., coff., coloc., con., daphne, digit., graph., hell., hep., hyosc., ignat., iod., ipec., iris, jalap., kal. c., kal. iod., kreas., lach., laur., led., lyc., magn. c., magn. m., magn. s., merc., mez., mosch., natr. c., natr. m., nux v., op., phosph., phosph. acid, plat., plumb., puls., ran. b., ran. sc., rhus, sabad., sang., sass., selen., sep., silic., spong., staph., sul., thea., thuja, valer., veratr.
- Sleeplessness before midnight : Alum., ammon. m., ang. ver., arn., ars., bell., borax., bryo., calad., calc. c., carb. an., carb. v., chin., corall. r., graph., hep., ignat., kal. c., kreas., lach., led., lyc., magn. m., merc., mur. acid, nux v., phosph., puls., ran. b., rhus, selen., sep., silic., spig., spong., sul., teucr., tart. emet., thuja, valer.
- Sleeplessness after midnight : Ars., asafoet., cann., caps., coff., dulc., hep., kal. c., magn. c., mur. acid, natr. c., nux v., oleand., psor., ran. sc., rhod., rhus, sep., silic., sul. acid.
- Sleeplessness at 1 A. M. : Merc. iod.
- Sleeplessness at 2 A. M. : Benz. acid, caust., coff., graph., kal. bichr., kal. c., magn. c., mez., natr. m., pallad.
- Sleeplessness at 3 A. M. : Ammon. m., calc. c., coff., euphr., graph., kreas., magn. c., magn. m., mez., nicc., nux v., ran. sc., rhus, selen., sep., sul.
- Sleeplessness at 4 A. M. : Verbascum.
- Sleeplessness till 4 A. M. : Ammon. c.
- Sleeplessness the whole night : Graph., magn. c., sul., tart. emet.
- Restless sleep at the beginning of night : Baryt. acet.
- Restless sleep before midnight : Bell.
- Restless sleep after midnight : Sul., zinc.
- Restless sleep every other night : Acar.
- Restlessness disturbs sleep after midnight : Ferr.
- Heat disturbs sleep at 2 A. M. : Benz. acid.
- Heat disturbs sleep at 3 A. M. : Ang. ver., euphr.
- Wakefulness (or sleeplessness) : Aur., dulc., natr. m., puls., ran. b., rat., sep., silic., sul.
- Frequent waking up : Ambr., ars., calc. c., carb. an., caust., cin., hep., ignat., kal. c., lyc., merc., nitr. acid, nux v., phosph., puls., ran. c., rhus, sep., silic., staph., sul.
- Waking up too early : Ammon. m., ars., aur., borax, caps., coff., dulc., graph., guaj., kal. c., magn. c., merc., mez., mur. acid, natr. c., nitr. acid, nux v., ol. an., phell., phosph. acid, ran. b., ran. sc., selen., sep., silic., staph., sul. acid, verbasc.
- Waking up at 2 A. M. : Ars., benz. acid, colch., con., jatroph., kal. bichr., kal. c., lyc., mez., nitr. acid, puls., sep.
- Waking up at 3 A. M. : Agar., angr., bryo., clem., euphr., ignat., nux v., rhus, silic., thuja.
- Waking up at 2 and 3 A. M. : Bell., calc. c., kal. c., nux. v., staph.
- Waking up at 4 A. M. : Aur., caust., chel., cycl., merc., nux v., sul., tabac., verb.
- Waking up at 5 A. M. : Carb. v., chin., cocc. cact., ferr., oxal. acid.
- Waking up at 2 or 3 A. M. : Keep awake till 5 from crowding of thoughts, then falls asleep late in the morning : Nux v.
- Tremors at night : Ammon. c.
- Concussions in the evening in bed : Sul.
- Twitching especially at night : Ambra., moschus.
- Spasms : Ambr., secal., silic., sul.
- Spasms nocturnal in sleep : Cupr., kal. c., silic.
- Spasms about midnight : Cocc.
- Epilepsy : Calc. c., caust., cin., cupr., kal. c., phosph.
- Syncope : Mosch., nux m.



- Hemiplegia worse : Natr. m.  
 Extremities stiff and benumbed : Croc., thuja.  
 Numbness of extremities, as if asleep : Phosph. acid.  
 Formication of extremities in bed : Magn. m.  
 Paretic pains : Ledum  
 Pains of contusion, as if bruised : Kreas.  
 Biting pains : Gutti.  
 Twitching pains : Natr. s.  
 Drawing pains : Cham., plumb.  
 Tearing pains : Lyc., merc., natr. s., phosph., plumb., stront., sul.  
 Stitches : Natr. s., sul.  
 Pains of luxation at night when lying : Mosch.  
 Restlessness at 3, pains all over, must walk about : Nicc.  
 Pains begin in the evening, continue the whole night till daybreak : Colch.  
 Bone pains : Amm. m., anacard., aur., daphn., iod., lach., lyc., mang., merc. phosph. ac.  
 Periosteal pains : Mang. acet.  
 Joints painful : Carb. an., mang., natr. c., silic., stront.  
 Arthritic chronic articular pains without swelling : Iod.  
 Swelling : Digit., phosph.  
 Weakness, relaxation : Ambr., ant. cr., kreas.  
 Anxiety : Acon., alum., arn., ars., bell., calc. c., cann., carb. an., carb. v., caust., cham., chin., digit., ferr., graph., hep., hyosc., ignat., kal. c., lyc., magn. c., merc., natr. m., nitric acid, nux v., petrol., phosph., plumb., puls., ran. sc., rhus, sep., silic., veratr., zinc.  
 Anxiety when falling asleep : Calc. c., lyc.  
 " from 3 A. M. : Ars.  
 Nightmare when falling asleep : Cycl., silic., tereb.  
 " after " : Cycl., nitric acid.  
 Restlessness : Merc. s., lach.  
 Throws himself about, before midnight : Euphor.  
 " " " till after " : Bryo.  
 " " " after " : Ferr. acet.  
 " " the whole night : Calc. c.  
 Restlessness which drives him out of bed : Graph.  
 " goes from one bed into another : Ars., bell., calc. c., cham., cin., hyosc., mez., rhus, sep., veratr.  
 Restlessness at 3, pains all over ; must walk about : Nicc.  
 " with cough in bed : Acon., cham., cin., ferr., merc.  
 Fear : Ammon. c., ars., bell., carb. v., caust., chin., cocc., con., dros., dulc., graph., hep., ignat., ipec., lach., lyc., merc., natr. c., natr. m., nitric acid, phosph., puls., rhus, silic., stann., sul., tabac., zinc.  
 Fear of ghosts : Ars., carb. v., chin., sul.  
 Illusions : Bell., cham., led., merc., phosph., stann.  
 Deliria when falling asleep : Bell., bryo., calc. c., camph., chin., gels., guaj., ignat., merc., phosph., phosph. acid., spong., sul.  
 " at night when waking up : Aur., bryo., cact., carb. v., colch., dulc., merc., natr. c., paris.  
 Speaking in walking about : Aur., bell., bryo., coloc., digit., op., rheum., sep., sul.  
 Wealth of thoughts : Borax, calc. c., chin., coff., graph., hep., kal. c., lyc., nux v. puls., sabad., silic., staph., sul., viola. tric.  
 Acuteness of memory : Opium.  
 Enthusiasm : Baryt. c.  
 Cheerfulness, great, till after midnight : Acon., ang. ver.  
 " before midnight : Lach.  
 " after " : Bryo., thuja.  
 " till towards morning : Kal. iod.

- “ from time to time during the night : Euphor., sul. acid.  
 “ the whole night : Aur., sul.  
 “ generally at night : Cupr., euphor., kreas.
- Singing : Veratr.
- Sadness, sorrowfulness : Dulc.
- Loss of courage : Carb. an., lycop.
- Anxious thoughts and observations : Caust.
- Weeping and lamenting : Ammon. c., anac., arn., ars., bryo., caust., cham., chin., cin., hyosc., ignat., ipec., lach., lyc., merc., natr. m., nit. acid, nux v., op., phosph., phosph. acid, rheum., sul., veratr.
- “ when asleep : Caust., cham., chin., ignat., lach., nit. acid, nux v.
- Feels like crying all the time : Alum., ammon. c., baryt. c., borax, calc. c., carb. an., caust., cham., cin., con., ignat., kal. c., kal. iod., lyc., magn. c., merc., natr. m., nux v., phosph., puls., rhus, silic., spong., stann., tabac., thuja.
- The child is good during the day, but cries the whole night ; is restless and cross : Jalap.
- Vertigo : Ammon. c., calc. c., caust., natr. c., phosph., psor., spong., sul., zinc. oxyd.
- Congestions to head : Ammon. c., psor., puls., silic.
- Heat of head : Arg. nit., camph., silic.
- Sensation as if the head were asleep : Carb. an.
- Headache : Ammon. c., ars., berb., borax, cact., calc. c., camph., canth., carb. v., cham., chin., con., eugen., hep., kreas., *lyc.*, *magn. c.*, magn. s., *merc.*, natr. s., nit. acid, par., phosph., phosph. acid, puls., raph., rhus., silic., sul., tart. emet., zinc.
- Headache, preceded in the evening by nausea : Phosph.
- “ increasing and continuing : Puls.
- “ after midnight : Ars., ferr., hep., phosph. acid.
- “ at 1 A. M. : Palladium.
- “ 2 to 3 A. M. : Kal. c.
- “ at 3 A. M. : Thuja.
- “ at 5 A. M. : Kal. iod.
- “ drawing about midnight : Kal. c.
- Pains in scalp : Led., natr. s., thuja.
- “ “ with chilliness and chattering of teeth : Natr. s.
- Itching of scalp : Oleand., rhus.
- Itching eruption of scalp : Oleand., rhus.
- Perspiration on head : Coloc., natr. m.
- Blindness, attacks of : *Bell.*, cadm., chel., hyosc., meph., merc., puls., *veratr.*
- Night blindness : Bell., cadm., hyosc., stram., veratr.
- Seeing sparks at night : Ammon. c.
- Difficulty in opening eyes : Cocc., rhus, sep.
- Eyes glued together : Alum., ammon. c., ang. ver., ant. cr., ars., baryt. c., bell., borax., bryo., calc. c., carb. v., cast., cham., chel., cic., croc., digit., *euphorb.*, *euphr.*, ferr., graph., gutti., hep., ignat., kal. c., kreas., led., *lyc.*, magn. c., magn. m., merc., natr. c., natr. m., nit. acid, nux v., oleand., phosph., plumb., puls., rat., rhod., rhus, sars., sep., *silic.*, *stann.*, staph., stram., sul., tarax., thuja, veratr.
- Spasms in eyes : Croc., natr. m.
- Otalgia : Alum., baryt. c., nitr., nux v.
- “ when lying on ear : Ammon. c., graph.
- Tenesmus auri : Dulc., sep.
- Surging, ringing in ears at midnight : Rat.
- Itching of lobes of the ears : Nux v.
- Pains in nose : Bell., corall. r., lach.
- Pains in ears, with sleeplessness : Corall. rubr.

Epistaxis : Ant. cr., *bell.*, calc. c., carb. v., corall. r., croc., graph., hyosc., kal. m., magn. s., merc., nitr. acid, puls., rhus, sabin., veratr.

Epistaxis, awaking from sleep : Bryo.

Blowing blood from nose (also in evening) : Graph.

Herpes labialis, painful : Viol. tric.

Heat in face : Hep., silic.

Circumscribed redness of face from 1 to 8 A. M. : Lachn.

Twitching of face : Con., led., magn. c., silic.

Pain in face : Con., led., magn. c., silic.

“ “ when lying : Phosph.

“ “ unbearable when at rest : Magn. c.

“ “ with toothache, followed by horripilations and sleep : Led.

“ “ relieved : Ang.

“ in lower jaw : Silic.

Toothache : Ambr., ammon. c., anac., *ars.*, baryt. c., bell., berb., bor., bryo., cal. c., cham., chenop., chin., clem., coff., *cycl.*, *graph.*, gratiol., hell., hep., kal. iod., lyc., magn. c., magn. m., merc., natr. c., *natr. s.*, natr. m., nitr. acid, nitr., nux m., nux v., oleand., petrol., phosph. acid, phosph., puls., rhod., rhus, sabin., sep., silic., spig., staph., sul.

“ only at night : Lyc.

“ out of bed only : Natr. s.

“ better at night : Oleand.

Gums painful : Merc., rhus.

“ “ with restlessness : Magn. c.

“ swelling : Cast., merc.

Gums bleeding : Bov.

Dryness of mouth : Ammon. c., arg. nitr., arum triph., calc. c., caust., cinnab., *cocc.*, magn. c., magn. m., nux m., nux. v., phell.

Heat in mouth : Cinnab.

Sensation as if burnt in mouth : Puls., thuja.

Foul breath (only mornings) : Puls., aur.

Tongue dry : Cal. c., nux v.

Biting, cutting sensation in tongue : Phosph. acid.

Mucus in mouth : Chin., sul.

Salivation : Nux v., rhus.

Dryness of throat : Cinnab., lach., phell.

Stitches in throat : Natr. m.

Accumulation of mucus in larynx : Alum., natr., puls.

Pains in larynx : Alum., ammon. m., camph., canth., graph., magn. m., magn. s., nitr.  
“ “ with thirst : Lycop.

Thirst : Aloes., *ars.*, arn., bryo., calc. c., cham., cinnab., coff., *cycl.*, eugen., fluor. acid., gutti., led., magn. c., magn. m., *nicc.*, nitr. acid., rhus., sul., thuja.

“ waking up at night : Calad.

“ 3 A. M. : Magn. m.

Hunger : Selen.

Bulimy : Bryo., chin., phosph., selen., sul.

Eruclations, severe : Sul., tart. emet.

Hiccough : Ars.

Disgust : Ratania.

Nausea : Alum., ammon. c., calc. c., carb. an., carb. v., cham., con., dros., kal. bichr., merc., nitr. acid., nitr., phosph., puls., ran. sc., rat., rhus, sul., therid.

“ after midnight : Ran. sc.

“ from “ to morning : Dros.

Regurgitation : Canth.

Pyrosis : Carb. v., graph.

(To be continued).

## THE CURE OF DISEASE.

BY

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MUCH discussion of this question has been indulged in of late in our medical journals. Claims have been put forth not only that scarlet fever and typhoid fever have been nipped in the bud by correct homœopathic medication, but that the ravages of cancer and consumption have been stayed and made to vanish like mist before the sun. It sets homœopathy upon a pinnacle of grandeur to hear such praises of its meritorious work, and we can only wonder why some of our physicians allow any thing but old age or accident to decrease the number of their patients. If homœopathy is capable of doing what its enthusiastic practitioners claim, medicine is reduced to an exact science, and the acme of medical knowledge has been reached.

Possibly it is our ignorance that makes us unable to achieve such brilliant results, and we are crying "sour grapes" when we dispute the claims of these positive writers. We do not believe that cures of zymotic diseases are made. Their course is undoubtedly modified by proper medication, but when typhoid fever or scarlet fever is fully established, the patient does not fully recover his health until the disease has run its course. We have all seen spontaneous cures of patients presenting all the declaratory symptoms of these disorders without any medication, and if we had given a remedy in such a case, might have thought our drug the potent factor in promoting the cure. How many of us have seen a case of scarlet fever commence in a violent manner and suddenly subside under treatment, so that the first stage was so mild as to make us doubt our diagnosis until subsequent desquamation and albuminuria relieved us of doubt. If such cases were cured, there would be no subsequent albuminuria, for the kidney disturbance is due to the course of the disease, which carries it to the kidneys about the third week. If during an epidemic of measles, we succeed in arresting what might be a preliminary catarrh, are we to congratu-

late ourselves on our ability to cure measles? If our results were always the same we might claim such ability, but under just as careful treatment and close prescribing, a large majority of cases will run the orthodox and regular course. Are those cases typhoid fever which are cured in a few days? An investigation of many such reported cases will convince the most skeptical that at least they are not abdominal typhus, as we have been taught is the essential fever that the name typhoid belongs to. Like the typho-malarial fevers which are said to exist in some sections, they contain no element of a true typhoid unless we classify all diseases exhibiting debility and delirium as typhoid. If we can run all such fevers into the typhoid category, we may readily admit that typhoid fever is curable; but if we are to confine the disease to cases exhibiting the peculiar pathological lesions which give character to the disease, I have yet to see a case that was fully established convalescent before the natural course of the disease was fully spent. If the claims of these physicians were true, there should be no time or condition of the disease when the remedy could not do its work. That consumption is curable, it would be useless to deny; but are not curative results obtained by allopathic as well as homœopathic medication? The homœopathic system shows the best results, but does it cure those cases marked by a tubercular cachexia? Until we recognized the difference between phthisis depending upon a tubercular deposit and those depending upon a chronic pneumonia, we were frequently inclined to the opinion that under homœopathic treatment even tuberculosis was curative. But after visiting the consumptives' resorts in western Texas and the Adirondacks, we have become convinced that no system of treatment can cure the cachectic cases, while the pneumonic cases are amenable to scientific drug medication.

The same thing might be said of cancer. We have all seen cases of questionable tumors which were allowed to rest, either go away, or be arrested in their growth and never become malignant. We have seen the same class of tumors put through a course of heroic treatment



until they assumed a malignancy that made them look like cancer and that caused the death of the patient by their septic poisoning. In some cases, a cancerous cachexia may develop, and then the ulcerated surface will show the characteristic cancer cells under the microscope. Does homœopathy or any other system cure these cases? Where there are no cancerous cell formations, a cure may be effected, but until the diagnosis is verified by the microscope, I for one do not hesitate to doubt the diagnosis of one who claims to have cured an undoubted case of cancer. It is not enough to say that the disease looked like cancer, for without the proof of cachexia and microscopic research, we are not justified in declaring such cases to be cancer.

In malarious districts cures are made with attenuated or potentized drugs, but how many of these cured cases show a return of the disease in a week or two? showing conclusively that the disease had not been cured, although its violent symptoms had been arrested. A case of intermittent fever will run its course in six weeks if unaided or demoralized by medical treatment, and a case that is fully established will almost invariably show some evidence of still being present in the system during that time. Careless quinine treatment complicates the disease and makes it run an indefinite course, but an observation of several cases treated by the expectant method demonstrated the fact that the natural course of the disease was six weeks, and those who have had much experience in the disease, know that unless the medication is followed up for those six weeks, the disease is liable to re-appear.

No physician, called to a case of sickness in the preliminary state of fever, etc., can say absolutely what he has to deal with. It may be ephemeral and vanish in a few hours, or there may be a morbid "something" about it that makes it the initial fever of some grave disorder that will run a prescribed course, and until that morbid product declares itself, no one is justified in claiming to have prevented or cured such a disorder, for a chill is oftentimes nature's method of throwing off obstructions in the system, and a fever merely the reac-

tion restoring the normal working of life's forces.

We are willing to concede every possible curative power to homœopathic medication, but after years of close observation, we can not subscribe to these miraculous cures of "might have beens;" for until a disease is fully established, we can not say whether our medicine or the forces of nature throw off the morbid product and avert a threatening danger.

#### THE NON-SURGICAL TREATMENT OF SENILE CATARACT.

BY

F. PARK LEWIS, M. D.,

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THE relief of senile cataract by other than surgical measures has strangely enough received comparatively little attention from our most skilled specialists in ophthalmic surgery. To recognize the lenticular opacity, to prognosticate the probable period of its development, and ultimately to successfully remove the lens, has, for the most part, constituted the highest art of the regular practice. Notwithstanding the fact that the sclerosis of the lens is a *prima-facie* evidence of imperfect nutrition, and is frequently a warning simply that the vital forces are failing, the whole duty of the oculist seems to have been to wait till the branch is completely dead, and then to lop it off, instead of endeavoring to stay the advancing degeneracy, by improving all of the impaired functions of which the loss of vision is but a single indication.

It is true that from time to time methods of treatment have been alternately advocated and condemned; but so universal have been the failures that all treatment, other than surgical, has been brought into disrepute, while those who make the attempt to arrest the development or to restore the transparency of a beginning opacity, are in danger of being looked upon as charlatans.

The error was in endeavoring to reach the effect, while ignoring the cause, while the phosphoretted oils, digital massage-galvanic currents—*et hoc genus omne*—were at once illogical and un-

scientific. In senile cataract we have an impairment of the nutrition of a part, and new vitality can originate only in life centers ; and yet, even in the initial striation, at a time in which the vision has not yet become seriously impaired, we find such men as Nettleship recommending only dilatation of the pupil with atropine, or the use of dark glasses for the same purpose ; and giving as his matured opinion that, "with these exceptions, nothing except operative treatment is of any use." In our own country Noyes, whom we may regard as one of our most judicious old school authorities, while recognizing the necessity of meeting in a general way any constitutional disturbances that may manifest themselves, to "mitigate accessory symptoms," is still quite pessimistic as to any positive results. In France, De Wecker, who is never quite so happy as when making some remarkable ophthalmic investigation, says in his *Ocular Therapeutics* : "I know of no means of checking the growth of a senile cataract," and his confrère, Edward Meyer, in his "*Maladies des Yeux*," is quite in accord. "The cure of cataract," he says, "can not be effected without surgical intervention." In Germany, Otto Becker may be taken as a representative authority of the first rank, and in Gräfe & Sæmisch's *Handbuch der Augenheilkunde*, we find him taking a more optimistic view of the future than many of his colleagues. Reasoning from the fact that diabetic cataract improves with the general condition and increases with every relapse, he is hopeful that when a complete knowledge of the causes of senile cataract is obtained, with it may come a better understanding of preventive and restorative treatment.

Pleasant indeed is it after such doubtful expressions to hear the judicious and thoughtful words of Bridwell Carter, a man who is always a physician first and a specialist afterward. The opinion which he expresses is so far in advance of that of any writer of the old school of practice with whose work I am at all familiar, that I will employ his own words :

"There are undoubtedly," he says, "certain forms of cataract such as those due to diabetes and those due to mal-as-

similation in gouty or rheumatic persons whose lives are not wisely governed, in which the physician may do much to improve the general nutrition, and thus indirectly to retard the degeneration of the lens, or even to produce some amount of restorative of transparency. If degeneration has progressed to the actual breaking up of the lenticular fibres, to the laying down of calcareous or other deposits, or to the formation of fat globules, no recovery from these conditions would seem to be possible ; but there is no manifest reason why an opacity due to mere sclerosis should not admit of improvement . . . If peripheral striæ are present in the lenses of a patient of sedentary habits, who consumes more food and more alcohol than he requires, and whose excretory organs are overtaxed by waste which they cannot eliminate, there can be no doubt that, under the influence of a suitable diet and regimen, such a person will preserve his eyesight, just as he will preserve his life longer than if he continued in his unphysiological courses ; and therefore when we see cataract in an early stage, and when we do not find any obvious morbid condition, such as diabetes, the next thing should be to try and discover what there is wrong in the mode of living of the individual, and what there is that physiology or common sense would seek to alter in his daily conduct, and why it is, in all probability, that he is no longer repairing the tissues of his crystalline lenses in a proper manner." That I am justified in bringing this important matter before your consideration, and that it is quite pertinent to the work of this society, rests on the fact that the specialists of our own school are not a unit in their belief in the possibility of staying or curing senile changes in the lens.

"After years of experience in the treatment of cataract," says Dr. Norton, in his *Ophthalmic Therapeutics*—"I have no doubt that a careful selection of drugs according to the homœopathic law, and their continuance for a long period, will succeed in a large proportion of cases in checking the progress of the disease, and in many cases clear up a portion of the diffuse haziness, thus improving vision to a certain extent. But

after degeneration of the lens fibres has taken place, no remedy will be found to avail in restoring its lost transparency and improving the sight." Dr. Buffum, in his *Diseases of the Eye*, says that "there is no question but that in the incipient stage of cataract a great deal can be accomplished in retarding the progress of the opacity for an indefinite period of time, or even clear it up to such an extent as to make the vision entirely normal. In the absence," he continues, "of any brilliant results from the medical treatment of cataract, and from the fact that retrograde (?) changes can only be accomplished by continued medication for months, too little attention has been given the matter by those of our own school, who, if they would abandon the old notion of the utter inability of curing cataract by therapeutic means, and give their cases the close study necessary, would find that we had not yet reached the limits of the application of the law of similars." On the other hand, Dr. Vilas, writing in Arndt's *System of Medicine*, says that it is not to be questioned that some of the many forms of cataractous lenses have been relieved and possibly cataracts have been cured by internal medication; but in the present state of knowledge little can be definitely asserted in this direction, and the means used have been of too vague a nature to be of general applicability—and his conclusion is "that the sclerotic and a majority of the other kinds (of cataract) are only amenable to removal of the opaque lens by one of the many forms of modern operation."

Notwithstanding the sanguine views that have been expressed, the fact remains that our literature is singularly barren of positive records of well authenticated cases in which cure or even marked improvement has taken place in undoubted sclerosis of the crystalline lens. Burnett's valuable little brochure on the Curability of Cataract contains much that is of unquestioned value as contributions to ophthalmic therapeutics; but a careful study of each case reported, owing to the lack of care in describing the pathological condition, leaves a doubt in the mind, which in some instances reaches a certainty, that the cases cured were not of lenti-

cular sclerosis; and we are not satisfied that the genuine senile cataract was markedly improved.

In the transactions of the American Hahnemannian Association, Dr. Bigler reports a case in which the patient for "a long time had been so blind in the right eye that he could only distinguish light from dark, in consequence of a fully developed cataract (the diagnosis having been made by a specialist) and the left eye had become so obscured from that cause that he could not read; he could make out a few words for a very short time, and that with difficulty." Nine months' after, the patient, having been put under treatment, is able to read "a newspaper for any length of time—two hours at least—and counts very small iron rods in the frame of a window a hundred feet or more away." Unfortunately the actual condition of the lens and the final visual measurements are not given. The paucity of reported cases is undoubtedly due to an absence in brilliant results. That a large number of cases may be cited in which no progressive changes have occurred is by no means conclusive—cataract is frequently for a long time stationary. The following, however, taken from my case-book, demonstrates positive improvement in undoubted senile cataract. On November 7th, 1884, Mrs. ———, 61 years of age, consulted me, bearing an introductory letter from Dr. Couch, of Fredonia. A careful examination of the eyes demonstrated a patch on the inner side of the left lens in shape somewhat like a pterygium. In the left lens a few stray scattered striae. In both a very slight diffuse haziness. The palpebral conjunctivæ somewhat congested. The lids hot and dry, with a most annoying and persistent spasm of the orbicularis. The refractive formula was as follows:

O. S. H. M. +2 D sph.  $U = 1^5 / 70$ .

O. D. H. M. +2 D sph. +2 D cyl. ax 80,  $U = 1^5 / 70$ .

After correcting the refraction I advised her to return to Dr. Couch and place herself under his care until such time as he saw fit to send her again to me—her general condition at the time requiring judicious treatment. At the end of three months she again presented herself—her gastric disturbance having been

greatly relieved—and since that time she has been under more or less constant observation. It is not my purpose to give the remedies employed, as they varied with her altered condition. They were given to cover as far as possible the totality of the symptoms.

On August 26th, 1886, one year and nine months after her first visit her visual record was as follows:

O. S. H. M. + 2 D =  $1\frac{5}{20}$ .

O. D. H. M. + 2 D sph. + 2 D cyl. ax. 80 =  $1\frac{5}{40}$ .

An increase, it will be observed, from rather less than  $\frac{1}{4}$  to  $\frac{3}{4}$  in the better eye. The increase in vision in this case may be attributed not only to the improved general nutrition, but quite as much to the relief afforded the accommodation by a correct refractive formula—the first ever worn.

An examination of the condition of the lens shows no change in the definite opacities. The atrophied lens fibres are in precisely the same condition as when first seen. The location of the striæ in the right and the triangular patch in the left is unchanged. The diffuse cloudiness has, however, entirely disappeared and in all probability complete lenticular opacity will never occur. Two oculists of acknowledged skill had assured her of the nature of her visual defect, and advised no treatment other than patient waiting till blindness should have become complete, one of them volunteering the assertion that an attempt to stay the progress of the disease or afford her the slightest benefit was a grievous betrayal of her confidence.

This subject is brought to your notice, and this case, not important in itself, is reported for the purpose of emphasizing the necessity of a broader and more scientific treatment of this serious condition than that commonly recommended and employed. A writer has wisely said that our first question when we are ill should not be "*what shall I do?*" but "*what have I done?*" The question of etiology in lenticular sclerosis need not be carried to the obscure point of local nutrition, but to the generally more obvious constitutional departures from health of which this is a single phase merely. When pernicious habits have been corrected, when hygienic sur-

roundings, if bad, have been improved, when remedies directed to the whole condition have been exhibited, then, and not till then, will the full duty of the physician be accomplished. And we of the homœopathic school of all men should recognize the incompleteness, the deficiency, of a method which will permit a patient folding of the hands until irreparable damage has been accomplished. If notwithstanding our best efforts, destructive changes continue, we will at least have the satisfactory consciousness of having placed the patient under the best possible condition for successful operative interference.

#### THERAPEUTICS OF THE YAM.

BY

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New York.

The wild yam is a delicate trailing vine, running over bushes and fences in all parts of the United States, scantily in New England, profusely in the South and West, and flowering in midsummer. The RHIZOMA is the part used, and contains an acrid principle called dioscorein.

The wild yam, or as it is called botanically, *Dioscorea*, in considerable doses, produces pains of a neuralgic character in nearly every portion of the body. These pains are remitting in degree but continuous, and affect more particularly the abdomen, producing twisting pains (the small intestines seem as if writhing in agony), these pains proceeding from the region of the umbilicus and involving the entire abdominal cavity. With this is watery—or jelly-like yellow bilious stools, more frequent in the morning hours, tenesmus, burning and prolapse of the rectum, offensive flatus, and occasional nausea. It causes strong smelling sweat in the genitals, persistent and frequent erections day and night, amorous dreams and emissions, followed by complete torpor of the parts. It evidently affects the system by irritation of the spinal cord, especially involving the umbilical ganglia, but also reflexly controlling the entire nervous system.

*Dioscorea* is mainly useful in neuroses of the stomach and bowels, evidenced by vertigo, pyrosis, and nausea on one



hand, and spasmodic pains, loose stools, and fœtid flatulence on the other. This and its characteristic influence over spermatorrhœa and nocturnal emissions, are its principal though not only therapeutic virtues.

I. In bilious, flatulent or spasmodic colic, where the pain, though remittent, does not cease and is of a twisting character, aggravated by lying down, and in the morning, or by mental occupations, unrelieved by pressure, and beginning at the umbilicus extends into the lumbar and hypogastric regions, and at last causes vomiting and headache, dioscorea is the best remedy we have.

In diarrhœa, dysentery, cholera infantum and cholera morbus, with violent twisting colic, occurring in regular paroxysms, before stool; the discharge being profuse, watery, deep-yellow, and accompanied by much fœtid flatus, worse in the morning; followed by weak feeling in the abdomen and continuance of the colic, dioscorea is always curative. If the conditions are relieved by moving about, and intensified when sitting or lying down, they furnish a further indication for this drug. The colic calling for ipecacuanha is just the reverse, being better when keeping quite still; that for colocynth is intermitting, not remitting, as for dioscorea, and generally comes on after stool. For cinchona the paroxysms are worse every afternoon, instead of in the morning, as for dioscorea. The colic of podophyllum is continuous, but worse in the morning, and is relieved by local warm applications. Colic relieved entirely by stool, or by bending double, and much worse when standing, calls for rhubarb. But all these drugs have characteristic evacuations; that of rhubarb is sour, with sour smell of the whole body; podophyllum, very offensive, like carrion, or else profuse, gushing stool, of greenish water; cinchona, involuntary, painless discharges of yellow or whitish water, at night or after eating, especially if the patient is debilitated by long illness or loss of fluids (hæmorrhages, long-continued suckling, gonorrhœa); colocynth, saffron yellow, first mucus, then watery, lastly bloody, with a musty odor, like burning wrapping paper; and ipecacuanha, fermented, jelly-like mucus, green as grass, becoming bloody, with

continuous nausea, thirstlessness, pale face, especially suitable for children.

In the enteric spasms caused by the passage of gall-stones, or obstructions in the gall-duct, it relieves the pain, and by removing the hyperæsthetic condition of the intestines, facilitates the passage of the concretions. Even in neuralgia of the liver (hepatalgia), unconnected with mechanical causes, it will prove useful.

It is just as serviceable in renal colic from the passage of urinary calculi as in hepatic colic. The symptoms here are often quite characteristic for this remedy.

II. Dioscorea is a remedy of importance in several diseases of the reproductive apparatus.

In dysmenorrhœa; in uterine colic; in after-pains; in false pains during pregnancy; in the nausea, pyrosis, and gastralgia of pregnancy, or at the menstrual molimina, it will often be found of use where the conditions resemble those already mentioned.

In spermatorrhœa and nocturnal emissions it will often do better than any other drug. When there is pungent-smelling perspiration upon and constant irritation of the genitals, with strong erections by day and amorous dreams by night, and pains in the spermatic cord extending to the testicles and penis, or even in cases which have had such a train of symptoms, but where now there is relaxation and coldness of the parts, feeble emissions at night without sensation or consciousness, but with great depression of spirits, dull, dizzy pains in the head, and weakness in the back and knees, dioscorea, persistently given, will nearly always produce a favorable change.

III. It is of some value in the treatment of headache, when it is itself paroxysmal and is associated with abdominal spasms. Dizziness, dullness and cutting pains are the factors of this disorder. The pain is never constant in degree, and is always aggravated by pressure. The eyes also are generally involved, herein resembling cimicifuga, and the facial nerves are frequently sensitive.

IV. Like colocynth, it seems to have an especial affinity for the sciatic nerve, and when the pain shoots downward from

the hip, and is felt even to the ankle, dioscorea is a curative.

There are some painful conditions of the extremities which are spoken of frequently as rheumatic, but which are really nerve pains. When these are worse at night, or early in the morning, dart suddenly from one part of the body to another, are at first aggravated by motion and subsequently relieved; when the patient feels as if he had a cold, is chilly, yet perspires easily, but has no fever and is thirstless, dioscorea is of value.

It ought not to be forgotten in angina pectoris. It has some action upon the skin, and has cured acne punctata and paronychia. Persons having a disposition to paronychia, and a tendency to colic, would be especially affected by this remedy. Taken at the outset, as soon as the pricking sensation is felt in the finger, it will usually abort a felon, or, if taken later, will mitigate the pain and hasten suppuration.

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#### SEMI-ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-fifth semi-annual meeting of the Homœopathic Medical Society of the State of New York, was held at Niagara Falls, Tuesday and Wednesday, September 7 and 8, 1886.

The meeting was opened by the President, Dr. H. C. Houghton, of New York, in a few felicitous remarks, calling attention to the pleasant surroundings, the grandeur of the location, and the desirability of entering heartily into the spirit of the scientific work before the society.

The society was well represented by about forty members of the homœopathic medical profession, mainly from western New York, and also embracing residents of western Pennsylvania, Ohio and Canada.

*Materia Medica.*—The report on materia medica was presented by Dr. Wolcott, of Rochester, the principal paper, "The Indicated Remedy," containing many practical suggestions. He said:

"As homœopaths this is a vital subject; in fact, it may well be considered the central truth of our profession.

There is no field of labor that promises so much, not only to us individually, but to the cause we represent, as the selection of the indicated remedy. We, ourselves, can not expect to succeed, nor contribute to the welfare of homœopathy, unless the pathogenetic effect of the remedy chosen, corresponds very nearly at least to the diseased condition.

"I admit that it is often difficult to decide whether or not a certain remedy is indicated, and it will often require diligent and faithful labor to make a selection; yet when it is chosen, we are so sure to relieve and perhaps to effect a brilliant cure, that we do not for a moment regret the effort.

"The question of the indicated remedy, whether we are conscious of it or not, is ever before us; no one thought so continually occupies our minds, and nothing will so surely measure our success or decide our failure in practice. We can not afford to neglect the corner-stone of homœopathy."

*Obstetrics.*—The report on obstetrics was presented by Dr. Hasbrouck, of Brooklyn, the principal paper being one on albuminuria during pregnancy. The condition, causes, dangers and treatment were minutely described, and many suggestive points were well brought out.

A paper by Dr. W. W. Blackman described the causes of the disease, in which he excluded all cases of albuminuria except those dependent upon pregnancy.

In those occasioned by pregnancy he found that the structural alterations attendant upon Bright's disease were absent. The albumen of Bright's disease is different from that of pregnancy in that it is not precipitated by the oxide of copper. Arguments were stated showing that it was not occasioned by the pressure of the gravid uterus, the uterus being held forward by the round ligaments, and the space back of the fundus being filled with the intestines containing gases, which form an elastic cushion, thereby effectually preventing any continued or firm pressure sufficient to interfere seriously with the renal circulation.

Similar changes occasionally take

place in the liver as in the kidney, showing that, at least in such cases, pressure cannot be considered an exciting or predisposing cause.

Others regard the albuminuria to be owing to a dyscrasia; while still others consider it due to reflex action upon the kidney, the same as that operating upon the salivary glands and mam-mæ, as occasionally witnessed. It is also supposed to be caused by the extra work of the kidney in eliminating the poisonous substances accumulated in the blood.

The author considered both the eclampsia and the albuminuria as independent affections, dependent upon a common cause; and that the disturbance of the nervous system was the common cause of both, and that beyond that nothing was known as to what the exact cause is dependent upon.

Dr. Hasbrouck thought, and presented the question, whether or not mothers who had had scarlet fever in childhood were not thereby predisposed to albuminuria when they became pregnant in after life; that is, is there not in all such cases a latent tendency to the disease, liable to development by subsequent pregnancy?

Dr. Grant, of Bath, graphically described his experience in the management of a case of confinement which he had been recently called to attend, never having previously seen the patient.

The patient presented all the characteristic symptoms of this alarming condition. Constant twitching of the extremities, the rapid respiration and the bloated and peculiarly anxious expression of the features, betokened the near approach of puerperal convulsions. Having not a moment to lose, he immediately placed sixty drops of fluid extract of *secale* in water and gave it at one dose, his object being to accelerate labor in order to prevent impending convulsions.

With a view of controlling nervous irritation he gave chloroform by inhalation, and kept up its occasional administration until all symptoms requiring its use disappeared.

The patient soon became quiet; labor progressed normally, and terminated without unfavorable indications. The

doctor has been equally successful in five or six similar cases.

Dr. Lee said that even a large amount of albumen did not necessarily indicate a serious condition of the kidney; sometimes those in which a mere trace was present, or even none at all, proved the most dangerous.

Dr. Paine stated that he liked Dr. Grant's homœopathy. It may be found that the *secale* not only promoted uterine contractions, but also had a specific action upon the capillary circulation of the brain, thereby preventing convulsions.

Dr. Stearns stated in reply to Dr. Hasbrouck, that the question of the susceptibility to albuminuria, induced by a previous attack of scarlet fever, had been a subject for discussion at meetings of the Western New York Homœopathic Medical Society, the sentiment generally prevailing that it acted as a predisposing cause.

Dr. Wright, of Buffalo, cited a case of a man who had been a sufferer from Bright's disease. The disease yielded to treatment, and for five years he experienced no inconvenience therefrom. On making a post-mortem five years thereafter, the man having died from other causes, the kidneys were found to be in a condition in which a slight predisposing cause would unquestionably have reproduced the disease. If this condition had existed in a woman, for instance, and pregnancy had occurred, albuminuria would almost surely have been established.

Dr. Grant recommended, as prophylactic measures, a strictly fruit diet and the avoidance of eggs and meat.

Dr. Paine cited a case of recent occurrence in his practice in which, at the expiration of the eighth month, an examination of the urine for the first time, revealed the presence of about one-third albumen by volume. Before measures for the proper treatment of the case were instituted, signs of approaching labor were manifested. The labor progressed and terminated normally, without any unfavorable features. He inquired whether albuminuria favored premature delivery. In this case there were no known causes likely to have precipitated labor.

The consideration of pelvic dystocia and methods of delivery, embodied in a paper by Dr. Perrine, of Brooklyn, covered mainly dystocia from deformed pelvis arising from excessive amplitude and excessive narrowness.

Dr. Wolcott advised care in the use of forceps, lest injury to the face of the child may occur; and suggested their removal as soon as the head began to press upon the perinæum.

Dr. Paine stated that for many years he had used forceps of ordinary size, with long handles, and found that if allowed to remain upon the head too long, laceration, in some cases, was almost sure to occur. But during the past two years he had used forceps having short handles, the joint being adjusted so close to the head of the child that there was no special liability to undue pressure upon one part of the distended perinæum more than another, hence far less danger of laceration.

Dr. Wright contended that the blades of the forceps should be placed at right angles with the sacrum, without regard to the position of the face of the child, and that in ordinary traction the features of the child would not be injured.

Dr. Murphy, of Auburn, read a paper on the use of *anæsthetics* in delivery, in which he spoke of the use of *nitrous oxide* as being one of the safest, but inconvenient on account of the cumbersome apparatus required for its formation and preservation.

He stated his objections to the administration of *ether*, and expressed his preference for *chloroform*, on account of quick action, pleasant nature, small amount necessary, and its freedom from after effects and dangers.

He would give it in any case where there was no organic heart lesion. During the second stage of labor it should be given with every pain, or continuously, if necessary. In the last stage it may be dispensed with. In a large percentage of cases we need only its anodyne effects, not complete anæsthesia.

The advantages claimed for anæsthesia were, conservation of the energy of the mother, allays nervousness, prevents rupture of the perinæum, combats a tendency to convulsions, facili-

tates instrumentation and prevents vomiting.

Dr. Wolcott thought that the administration of anæsthetics sometimes arrested the contractive efforts of the uterus. He had also witnessed, in a few instances, effects sufficient to give credence to the theory that their use produced upon the mother loss of affection for her offspring.

Dr. Murphy had noticed its effects in arresting the pains; and instead of alienating the mother's affections, in three instances, the contrary result had followed.

Dr. Simpson instanced a case in which the mother could not be induced to take any notice whatever of her child, although no chloroform or other anæsthetic had been administered. He preferred ether to chloroform, because of its greater influence in producing relaxation in cases of rigidity of the os.

Dr. Moffatt feared that chloroform predisposed to flooding after delivery. He never gave it unless the patient evinced signs of exhaustion.

Dr. Grant thought much depended upon the purity of the chloroform; that a good article was far less likely to be followed by dangerous results.

Dr. Paine cited a recent case in which the patient, a primipara, begged for the use of chloroform, but, after a few trials relinquished it voluntarily, being thereby, when under its influence, unable to facilitate labor by necessary expulsive efforts. He had, in a few tedious and protracted cases, in the first stage, resorted to an application of one drachm of *chloroform* to one ounce of *sweet oil*, applied externally over the lower part of the abdomen above the pubis, the part to be covered with oiled silk. This application had contributed greatly to the comfort of the patient, and at the same time had promoted relaxation of a rigid os.

The best anæsthetic in his experience, because less liable to be followed by unpleasant results, was the ordinary compound of *alcohol*, one part; *chloroform*, two parts; and *ether*, three parts.

*Histology*.—Dr. Geo. W. Lewis, of Buffalo, read a paper describing differentially the bacilli of typhoid from those of other diseases. The author entered



minutely into the methods for preparing the specimens for observation. The best media for cultivation were blood serum, food gelatin or the cut surface of boiled potatoes.

*President's Address.*—The evening session was opened by the presentation of an admirably written address by President Houghton, entitled "The Medical Ethics of the Use and Abuse of Alcohol." He stated, in substance, that statistics gathered from European countries, show conclusively that the quantity of spirituous liquors used in the last decade, has largely increased. The effects of alcoholic beverages physiologically and pathologically were clearly defined, and its hereditary effects were shown to extend to the third and fourth generation, producing moral depravity and drunkenness, the various dyscrasias, hypochondriac tendency, imbecility and insanity. He stated that while the use of alcohol in some of its varied forms is required in the treatment of certain cases, physicians should be constantly on their guard, lest by recommending stimulants in unnecessary cases, they might inadvertently contribute to an increase of this great and growing evil, the habit of confirmed inebriation oftentimes being easily formed.

A vote of thanks to the president for his carefully prepared and timely address was unanimously adopted; an edition of five hundred copies was ordered, and the amount subscribed to meet the requisite expense.

*Surgery.*—A paper on "The Treatment of the Pedicle in Hysterotomy," by Dr. H. I. Ostrom, of New York, was presented. This paper constitutes an exhaustive resumé of the history of this new and brilliant operation, which marks a distinct era in the progress of uterine surgery.

A paper on supra-public cystotomy, by Dr. J. M. Lee, of Rochester, minutely described two operations in which lithotripsy had been unsuccessfully tried.

*Gynecology.*—The report of this bureau was opened by the presentation of a paper by Dr. A. R. Wright, of Buffalo, constituting a plea for the early extirpation of the uterus in cases of uterine carcinoma. The author quoted at length from German and English authors, show-

ing the advantages of the vaginal operation over that by abdominal section.

Dr. M. O. Terry, of Utica, contributed a paper, read by Dr. Leuggenhager, on "The Medical and Surgical Treatment of Tumors and Cancer of the Breast." The author advocated the early removal of the entire gland, laying special emphasis upon the importance of extirpating every particle of the diseased tissue.

Dr. Paine presented a summary of the results of recent investigations by Dr. H. P. Dunn, of Chicago. Dr. Dunn's paper calls special attention to the alarming increase of cancer in Great Britain and the countries in the central portion of the continent of Europe.

"While statistics show that the average duration of human life is increasing, and that many of the most dangerous maladies of former times have been rendered comparatively harmless, still the number of cases of cancer becomes greater every year.

"The report of the registrar-general, recently published, gives the number of deaths occurring from cancer during the ten years ending with 1869, as 80,049, the annual increase being 248. During the succeeding ten years, ending 1879, the total number of deaths from cancer was 111,301, the annual increase being 320, the ratio of increase being 27.6 per cent. Cancer is also increasing in France, Germany and the Scandinavian countries.

"Regarding the conditions which favor its origin and development, it is found that wealth and a high degree of civilization are favorable to an increase of cancer. Many other diseases are much more common, and are likely to become much more dangerous among the poor and uncultivated; the reverse, however, is true regarding cancer. The persons who dwell in mansions are much more liable to suffer from cancer than those who live in cottages and hovels. It is more common in cities than in the rural districts. It is entirely unknown among uncivilized people. Wild animals are not subject to it, but domesticated ones are. Cases of cancer are becoming frequent among thoroughbred animals, which are protected from exposure,

tended with care, and supplied with the best of food.

"Another peculiarity of cancer is, that it is much more likely to occur in persons who are otherwise in apparent perfect health, and in the maturity of life, than in those who are frail and sickly, or are subject to the weaknesses common to infancy and old age. It is most likely to afflict mankind at middle age, when life is most enjoyable to its possessor and most useful to others. It generally appears in persons of robust form, strong limbs, and active habits. To use a paradox, it is a disease of health. The professional invalid need not fear cancer. It spares the weak and sickly to attack the strong and vigorous. Constitutions that are very liable to other diseases appear to be proof against cancer.

"Observation shows that cancer has a certain geographical distribution. The latitude of the British Islands marks the center of the belt in which it prevails to the greatest extent.

"In all probability the prevailing opinion that cancer is communicable is erroneous. It is neither infectious nor contagious. There is no evidence that it has a zymotic origin, or, in other words, that it arises from any micro-organism or germ. Moreover, nothing cancerous is transmitted from parent to child, even in the case where the disease occurs in both. A child may inherit a predisposition to cancer, that is, a liability to the disease, but not the disease itself. It commences *de novo* in each individual whom it attacks.

"Ordinarily there are no preliminary evidences of its appearance. The first intimations of the disease are the appearance of a tumor and the sensation of severe pain.

"It always commences as a local disease, and generally remains such for a considerable time. It finally spreads, and by means of the bloodvessels and lymphatics infects the more distant organs of the body.

"Medical science has accomplished very little toward ascertaining the cause, the prevention, or cure of cancer. Recently it has been shown that many of the remedies formerly in use are altogether worthless. Medication has given away to surgery. In the great majority

of cases the most the surgeon can do, is to prolong life. Cancers are now removed from organs and localities that could not be reached before the invention of improved surgical instruments and apparatus. The removal of a cancer after it has manifested systemic involvement seldom results in any permanent benefit; it may protract life, but it also prolongs the most severe suffering."

Dr. Moffatt, in a short paper, described the peculiarities of a case of indurated and enlarged mamma, giving all the usual characteristics of scirrhus degeneration, in which the ordinary remedies had been unsuccessfully tried, the disease yielding finally to the application of constant pressure, kept up by broad rubber bands, held firmly in place by diaculum plaster, supporting strips of linen.

Dr. Paine related his experience in the use of iodide of lime, in the treatment of scirrhus of the breast. He has tried it in upwards of twenty cases, with the estimated result of saving at least fifty per cent.

He uses a compound of iodine of lime, in the proportion of one to the hundred, and carbonate of lime (calcareo carb.) one of ten. The doses, about five grains, are repeated three or four times daily. At first, while the shooting, burning pain is severe, six or eight doses may be given daily. The medicine should be continued, without long intervals, three or four years.

Usually the diseased breast is larger than the well one, and loses its symmetrical form, either by being drawn to one side or recession of the nipple, and is very hard. After the continued use of the remedy a few months, the diseased breast shrivels to a size much smaller than the well one, and, although retaining loss of contour, and more or less hardness, ceases to form a local nucleus, and is deprived of its malignant characteristics.

He believed that the lime had a specific influence upon the mammary gland, and that the iodine was serviceable in combatting the scrofulous element which nearly always is associated with cancerous cachexia.

Dr. Wright believed these tumors should be removed as early as possible;

if malignant, the liability to an extension of the disease would be prevented; if benign, no harm would be done.

Dr. Fulton said there was no certainty in the diagnosis by the external appearance, particularly in its incipient stage. As an illustration of the progressive character of cancer, he described several microscopic sections of a recent specimen, which manifested, in its various parts, healthy tissue, the characteristic whorls of epithelioma, and deeper still, the large alveolar arrangement of the encephaloid, with its scanty fibres inclosing large masses of cancer cells.

*Ophthalmology.*—Dr. F. Parke Lewis, of Buffalo, presented a paper on the treatment of senile cataract. He described its special features and pointed out its appropriate surgical, medical and hygienic treatment.

*Climatology.*—Dr. H. M. Paine, of Albany, presented a paper, written by Dr. Geo. Allen, of Waterville, giving a concise description of the more frequent mineral, animal, vegetable and gaseous impurities to be found in potable waters. The paper also contained practical suggestions regarding the uses of various filters, and pointed out danger caused by an accumulation therein of impurities, and also described methods by which these dangers are to be avoided.

*Medical Legislation.*—Two memorials, one from the Homœopathic Medical Society of Kings County, the other from the Homœopathic Medical Society of New York County, were presented and read by Dr. Moffatt. Dr. Moffatt stated that the Kings County society, being about to publish a new edition of its by-laws, which was to include a summary of all the laws of the State relating to the practice of medicine and surgery, the committee of the society found themselves utterly unable to determine what acts and parts of acts were held to have legal force. For instance, the last section of the law of 1880, regulating medical practice, repeals all former acts and parts of acts inconsistent therewith. It is absolutely impossible for any one other than a skilled lawyer to unravel and clearly define the present medical laws. For this reason he hoped the State Society, through its committees on medical legislation, would put forth every reason-

able effort looking to an improved condition of the laws of this State regulating the practice of medicine and surgery.

Dr. H. M. Paine, as chairman of the committee on medical legislation, stated substantially that an attempt was again made last winter by the old school to secure the passage of a bill providing for the appointment of a single State board of medical examiners. The bill was identical with that of the previous year, and, in fact, those of five or six years past.

These bills, introduced by the old school, have uniformly provided for a single old-school board of nine members, including, for the sake of representation, one eclectic and one homœopathic physician.

A hearing before the committees on public health, of the Senate and Assembly, being given, last March, to those who desired to be heard either for or against the bill, our school was ably represented, and arguments in opposition thereto were made by Dr. Houghton, the president of the society, and by Drs. Gorham, Mitchell, Coburn and Paine.

The opposition to the bill, on our part, was mainly based on the ground that the erection of such a board would *practically create a powerful and permanent medical monopoly, by which the licensing franchise would be placed, for all time, under the immediate control of one school of medicine*; that the consciousness of an ability to exercise coercive measures, whether exerted or not, would operate as a constant menace upon the less numerous parties, and would tend to strengthen the majority, and would as surely steadily prove detrimental to the growth and permanence of the schools represented by the minority; the latter also receiving, by unequal representation, a mark of degradation and subserviency which would stamp such schools with a perpetual brand of inferiority.

The committees of the legislature were plainly told that the enactment of the bill, in the form proposed by the old school, would constitute *class legislation* of an exceedingly objectionable form; that whether the supporters of the bill intended such action or not, irresponsible power would thereby be given to the old school, which, under existing rela-



tions, ought not by any means to be placed at their disposal; there would be no adequate means provided for checking favoritism on the part of the old school, which sooner or later would inevitably occur; hence an act of great injustice would be done to the homœopathic school, for the reason that the graduates from its medical college would be placed, regardless of their wishes or preferences, completely in the power of an old school examining board; not that they would necessarily be subjected to any severer tests than by a homœopathic board, but they and we object to their being compelled to go before an old-school board in order to secure an indorsement of their educational qualifications. We insist that homœopathic graduates shall be permitted to come before a homœopathic board. While we deprecate the antagonism, rivalry and jealousies which still exist between the schools, we hold that these are too intense and deeply rooted to warrant the union among medical men proposed by the provisions of this bill. We take the decided ground that the proposed coalition cannot be seriously considered or entered upon until the dominant school not only withdraws all exhibitions of opposition to homœopathy, but accepts it to be a rational and reliable system of practice, and as evidence thereof inaugurates the teaching of homœopathic principles to its own students.

When this medical era of fraternal fellowship shall have become an accomplished fact, the prestige and standing of the different schools will not be interfered with, and a practical union of effort for the promotion of common interests can be harmoniously established and permanently maintained.

Another reason why the legislation sought for by the old school, is not at all essential or called for by public or professional interests, a reason which had great weight with the legislature, is the fact that under the provisions of the present law, that of 1872, the old school can at any time apply to the Regents of the University for one or more medical examining boards of their own, and can therewith secure, by means of the safeguards established by the law, all the additional protection and also all the evi-

dences of thorough educational advantages, sought for by the proposed bill to create a single, mixed examining board.

Immediately after the enactment of the law of 1872, by which each school can be provided with one or more examining boards of its own, the homœopathic school secured the appointment of a homœopathic examining board, and for fourteen years we have, as a distinct school, exercised the prerogatives afforded by this law, have enjoyed its privileges, and have faithfully complied with its requirements.

And now, after so long and so satisfactory an experience, we do not propose to approve any change of the present law, other than one whereby its provisions may be made equally *compulsory* upon all who shall hereafter enter upon the practice of medicine in this state.

Upon listening to the argument, of which the foregoing is an abstract, the committees of the legislature promptly reported adversely the bill to create a single, mixed examining board.

The special legislation, regarding which the two schools were at variance, having by this action on the part of the legislature been effectually disposed of, for at least one year, the committees of the two state medical societies united in an effort to construct and endeavor to secure the passage of a bill providing for the more thorough regulation of medical and surgical practice.

Repeated conferences were held, and, through the efforts of W. A. Purrington, Esq., of New York, the attorney for the New York county old school society, a very comprehensive form, complete and harmonious in all its provisions, was drafted, introduced into and passed by the Senate, and was, during the closing hours, defeated in the Assembly.

This bill, (Senate bill 485 and Assembly bill 903, session of 1886), embraces within its several sections, all the essential provisions of all former enactments, and in its last section repeals all laws, or parts thereof, which have any reference whatever to medical or surgical practice, specifying each by name, number and date, thereby forming a practical codification of all the laws of this state



regulating the practice of medicine and surgery.

Moreover, this bill is so constructed as that, in case future legislation is entered upon, with a view of changing the method of medical licensure, by its withdrawal from the medical colleges and placing it in charge of state boards of medical examiners, the second action *only* will require amendment; all the other sections of the bill may remain without alteration.

It is the purpose of your committee on legislation to distribute copies of Senate bill 485, to the secretaries of the several county homœopathic medical societies, and urge them to endeavor to secure, on the part of their respective societies, the indorsement of its provisions, by the passage of a resolution to that effect.

Dr. Paine offered the following resolutions, which were unanimously adopted :

Resolved, That the Homœopathic Medical society of the state of New York indorses the proposition made by the Medical society of the state of New York, as set forth by its committee on legislation and presented to the recent session of the state legislature under Senate bill 485, the purpose of said bill being the simplification and codification of the laws of this state relating to the practice of medicine and surgery.

Resolved, That the county and local medical societies of this state and members of the profession generally, are requested to promote, to the fullest extent, the early enactment of a law providing for an increased efficiency of laws regulating medical practice, as embodied by Senate bill 485 of the session of 1886.

Resolved, That this society indorses the action of its committee on legislation in opposing the passage of the bills presented to the last legislature of this state, providing for the appointment of a single state board of medical examiners, the membership of which was made up of professors of medical colleges and an unequal representation of the different schools of medical practice.

Resolved, That this society heartily reiterates the indorsement of the provisions of the present law, that of 1872, by which the representatives of the three

legally recognized schools of medicine are now fully authorized to appoint one or more examining boards under their own auspices; a law, the limitations of which provide all necessary safeguards and at the same time prevent liability to partial and sectional antagonisms sure to occur in the case of a single mixed examining board.

Resolved, That this society again, in the most positive terms, instructs its committee on legislation to endeavor to prevent the repeal of the present law providing for the appointment of state boards of medical examiners, that of 1872; also, if feasible, to endeavor to secure an amendment thereof, providing for a withdrawal from the medical colleges of this state of the right of medical licensure.

The annual meeting of the society will be held in this city in February, 1887.

*Otology.*—A paper by Dr. W. P. Fowler, of Rochester, lucidly delineated The Therapeutics of Eczema of the Ear. He described the more common causes and then gave the principal indications for the selection of appropriate remedies. In choosing the remedy he seldom relies upon ear symptoms alone, as concomitant indications are always taken into account. When the auditory canal is tolerably clear he prefers to use no local treatment, but depends upon homœopathic remedies, together with hygienic measures. If, however, the passage is occluded, it must be cleared. Some authorities say syringe with warm water; but being of lower specific gravity than the blood, water is greedily taken up by the denuded papillary layer of the skin, producing swelling and much irritation. He raises the specific gravity by addition of chloride of sodium and glycerine. Recommends boracic acid or subnitrate of bismuth as a local application, dusting in just enough to whiten the surface. Has failed to obtain good results from oleaginous substances, nor has he found it necessary to use nitrate of silver, tar water, oxide of zinc, etc.

*Pædology.*—The report of this bureau was presented by Dr. Moffatt, the principal paper being one by Dr. S. S. McKinney, on infantile marasmus. The causes, symptoms and appropriate treat-

ment were clearly set forth, prominence being given to the dietetic and hygienic features of the latter

Dr. Moffatt spoke of the efficiency of iodine and arsenicum internally, and ammonia and sweet oil externally.

Dr. Houghton stated that homœopathic treatment at the New York Five Points House of Industry had been very successful in controlling both acute and chronic cases of eye and ear diseases, so common among the class of patients found at that institution.

Dr. Grant described a case of a child suffering from an eruption which had been suppressed by the external application of an astringent ointment, at the suggestion of a physician who regarded the affection one of a local and not of a constitutional origin. The disappearance of the cutaneous affection was speedily followed by a retraction of the child's leg, in a manner so closely simulating hip disease as to be mistaken therefore by several competent physicians. This condition yielded promptly to proper homœopathic treatment; the eruption was reproduced and relaxation of the muscular spasm followed, allowing the little patient to walk about as freely as ever. The eczema was finally cured by ordinary homœopathic remedies administered internally.

Dr. Houghton observed that a wash prepared by soaking cornmeal, oatmeal, or any of the cereals in water, and applied externally, was very soothing and would allay the itching of eczema.

Dr. Paine uses ground slippery elm with equally good results.

A paper on "Cholera Infantum," by Dr. J. E. Slaughter, presented many practical suggestions. He stated that milk from cows that were fed on soured corn or ensilage, would cause diarrhœa in children. He advocated condensed milk as the most suitable food for infants; and also insisted on giving them all the pure cold water they wanted. He dwelt upon the appropriate treatment, both prophylactic and curative.

Dr. Grant advocated, in many cases of weak digestion, the use of koumyss or buttermilk.

Dr. Hasbrouck has had excellent results from the use of Murdock's Liquid

Food, and believes it to be superior to Bovinine.

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#### OPENING OF THE N. Y. HOMŒOPATHIC MEDICAL COLLEGE.

Address by Professor Dowling.

The twenty-seventh annual session of the N. Y. Homœopathic College commenced Tuesday evening, Oct 5th, with the opening exercises held in the college building on 23rd street. The amphitheatre was comfortably crowded with the students numbering about two hundred, their friends, members of the faculty and the profession generally.

The speaker of the evening, Prof. J. W. Dowling, M. D., delivered the introductory address. The subject was, "Why we do not live out our three score years and ten."

After a few remarks tending to show the wonderful wisdom displayed by the Almighty in the formation of the body, in which the professor dwelt upon the beauties of nature which are brought to the mind by means of the several senses, he proceeded to give a brief description of the anatomy of that wonderful organism, the human frame, with the idea of convincing us of the power and wisdom displayed by the Creator, and to maintain how justly St. Paul used the comparison, that man is the temple of God, made after His image and pronounced by Him perfect.

The professor then explained why the life of man is but little more than half of his three score and ten years. Alleging that this is due mainly to the indiscretions of life, which he described in detail and sometimes in a humorous strain, commencing with those displayed by parents in caring for their children, and going on to those of youth and later life, claiming that the indiscretions of youth, often resulting in serious organic diseases, are too frequently owing to want of proper care and guidance on the part of parents—demonstrating this by cases taken from his own practice. The doctor then dwelt with special emphasis upon some of the most glaring indiscretions of adult life: such as physical strain; too close attention to business, to the neglect of rest, recreation and sleep; over mental strain; follies

of fashionable life ; indiscretions in eating, and particularly the abuse and even moderate use of alcoholic beverages, and maintaining that many of the chronic diseases which embitter the later years of adult life, frequently resulting in premature death, are the direct result of the long continued moderate use of alcohol, combined with other of the indiscretions enumerated.

Prof. Dowling closed his lecture with these words : "St. Paul says, 'If any man defile the temple of God, him shall God destroy, for the temple of God is holy, which temple ye are.' This holy temple is defiled every day and that is why man does not live out his three score years and ten. Study nature's laws and follow them. God has provided every thing in a state of nature, necessary for our sustenance. He has given us pure water to satisfy our thirst. He has given us grain, fruit and meat to eat. He has given us a pure healthful atmosphere to breathe and has made every provision by which we may protect ourselves from the unclemency of the weather. It is not necessary for us to call in the aid of chemistry to supply us with food, and drink. A healthy stomach will enjoy the plain food of the laboring man—a healthy body will enjoy the sleep of the laboring man, which the Bible says is sweet—an observance of nature's laws, God's laws, will ensure happiness, health, prosperity and a long and useful life. Follow these and you will be able to say with the poet :

" 'I have ease and I have health  
And I have spirits light as air ;  
And more than wisdom, more than wealth,  
A merry heart that laughs at care."

#### NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

Circular Issued by the Committee on High Potencies.

At the last annual meeting of the society, it was stated substantially, that inasmuch as the curative efficacy of potencies above the twelfth cannot be determined by the continued presentation of isolated cases, it would be advisable for the society to enter upon the work of testing attenuated remedies.

It was proposed that a few well-known

drugs be selected, like *apis* or *rhus tox.*, whose pathogenesis is clearly defined, and whose curative action is distinctly recognizable, and then invite the profession throughout the state to report the results of their experience in the use of these remedies at or above the thirtieth attenuation.

The report of each case should furnish the more important symptoms ; the condition of the patient ; the duration and stage of the disease treated ; and particularly, the length of time elapsing between the administration of the remedy and final restoration, *the main point being to ascertain whether and to what extent attenuated remedies have an influence in shortening the duration of self-limited diseases.*

The proposed plan involves the collection of records of cases treated in particular localities, under conditions as nearly alike as possible. During the progress of epidemic diseases many cases occur in which the surroundings and external conditions are sufficiently similar to secure reasonable accuracy.

The committee was instructed to invite the profession to institute these clinical tests, the assumption being that the aggregated results of carefully conducted experiments, entered upon by many observers, will be less liable to error, than the occasional and isolated experiences of individuals. The committee therefore, respectfully solicit the co-operation of the profession in furnishing reports of cases treated by homœopathic remedies at or above the thirtieth attenuation.

The well-known applicability of *rhus tox.* in the treatment of some rheumatic conditions, and of *apis* in the treatment of some forms of skin diseases, suggested these remedies as suitable ones for trial. The proposed tests need not, however, by any means be limited to these. Let the series of experiments have a wide enough range to embrace all acute, self-limited diseases. Let every facility be given for the accumulation of data bearing on the question of the power of high attenuations to shorten the progress of self-limited diseases.

Groups of cases, occurring during the progress of epidemics, are of special value, as affording a better basis for



analysis and comparison; reports of single cases, however, need not be withheld; neither should the records of failures be omitted. The whole number treated should be reported.

In order that our report may be made definite, concise, and reliable, we request that the records of cases be made out in answer to the following queries, viz:

(a) Leading symptoms and general condition of the patient on prescribing.

(b) The attenuation and intervals between the doses.

(c) The period of time from the first administration of the remedy to the time when marked relief was noted.

(d) The duration of the period of convalescence to entire recovery.

Each case should be numbered, and in order to avoid errors, the answers relating to a given case should bear the same number.

Reports of cases may be forwarded to either member of the committee.

A. R. Wright, 166 Franklin St., Buffalo.

H. M. Paine, 105 State St., Albany.

T. L. Brown, Binghamton, Brown Co.

#### LONDON SCHOOL OF HOMŒOPATHY.

At the opening of the winter session at the Medical School connected with the London Homœopathic Hospital, "The Hahnemannian oration" was delivered to the students and friends of the hospital by Dr. J. H. Clarke. "The Revolution in Medicine" formed the subject of his discourse, and he commenced by remarking that a hundred years ago the art of medicine had not emerged from the dark ages, but that its professors wandered about in a fog of theory and conjecture with no guide but blind tradition and nothing to worship but the fetich authority. He then sketched the character and training of Hahnemann, holding that he was in every way fitted to inaugurate the much-needed revolution. He had made himself eminent in all the arts and sciences connected with medicine, and was a recognized authority in them, and a man of mature years before he made his great discovery. The sad condition of medical practice so disheartened him that at one time he gave it up in despair, and earned

a bare living by literary work rather than live by killing his patients *secundum artem*. It was during this period that "the light" came to him. He was translating an English work by Dr. Cullen into German, and, being dissatisfied with Cullen's explanation of the action of Peruvian bark in ague, he took a dose to see what effect it would have on himself in health, when lo! an attack of chills and fever resulted. Following up this hint, Hahnemann found that there was a definite relation between the action of a drug on the healthy and its action on the sick, and that if he knew the one he could predict the other. This discovery restored Hahnemann to hope and life, and to medical practice. But he worked at the subject for six years before he published his conclusions in *Hufeland's Journal*, then the chief medical journal in the world. Hahnemann violently attacked the prevalent practices of blood-letting and of giving large numbers of drugs in one mixture, and he proved that they were wrong by the great superiority of his own results. Gradually the storm of persecution arose, and at the age of sixty-five, in 1819, he was driven into exile. But his work was then to a large extent complete, and able to take care of itself. He had many enthusiastic followers. He had also unexpected allies in the shape of epidemics of fever, which played great havoc with those under old-school doctors, but spared those under homœopathy. The cholera afterwards did much to establish homœopathy, as the homœopathic statistics in this disease officially witnessed by allopathic physicians were incontestably superior to the allopathic. Dr. Clarke traced the indirect influence of Hahnemann's work, and ridiculed the attempts that had been made to rob him of his due credit. He concluded by showing that the "revolution" inaugurated by Hahnemann was not yet complete; that the persecutors of Hahnemann had their representatives in medical boycotters at the present day; that allopathic professors pointed their students to experiments in animals as the only source of progress in the art of prescribing; whilst they were compelled to satisfy their therapeutic cravings with "a dish of crumbs furtively swept from



Hahnemann's floor ;" and that students had great pressure put upon them to hinder them from studying homœopathy. Having referred to the work of the Homœopathic Hospital and Medical School, he said—"Our work is for truth and justice and light. To all who love justice and are not afraid of truth we look for help in our endeavor to break down what still remains of the tyranny of darkness in medicine, and to hasten the coming of the perfect day of liberty and light."

#### ABSTRACTS.

THREE CASES OF CHLOROSIS CURED BY PLUMBUM.—Dr. Boniface Schmitz, of Aurers, reports the following cases :

1. Miss D., 22 years old, blonde, decidedly chlorotic, and complains of it for the last seven years. She coughs now for a year, expectoration scanty and frothy, auscultation shows nothing abnormal. Pains in her side when tired out, sometimes when breathing. The least exertion fatigues her ; complains of palpitations when ascending or when she hurries herself in walking. When walking too much her feet swell. Appetite immediately satisfied ; disgust for meat ; stools regular. Pulse weak and accelerated. A clear, blowing sound on the neck in the region of the carotids. When at school she bled often at the nose. Never had migraine. Menses regular, but scanty, blood pale, is sick the first day ; never had leucorrhœa. Sweats much at night, especially on neck and back ; sleep does not refresh her, and she is most tired in the morning. Has swallowed any quantity of cod liver, quinine and iron.

She received Plumbum 6th, 5 drops in 60 grammes distilled water, a teaspoonful every two hours. Improvement after two weeks, cough left, menses appeared more abundant and she has better appetite. Two months later improvement continues ; still she coughs, though breathing easier, and looks pale. Plumbum 3d, 30 powders ; to take one three times a day in water. A month later she looks rosy and fresh, goes up stairs with ease, has good appetite, but still coughs. Same prescription was continued for two months more, and she could be consid-

ered cured. So far, a year afterward, no relapse.

2. Feb. 12. Marie, 12 years old, auburn hair, brown eyes, myopic and very intelligent, not menstruated. Sick for last two years and took lots of iron. Chlorotic complexion characteristic ; often has toothache, especially in the morning. Pulse accelerated (110) ; a clear blowing sound near right carotid ; always chilly. Good appetite ; disgust for nothing ; prefers acid ; eats lemons without sugar and loves sugar, which she uses up largely ; more or less constipation ; attacks of gastralgia ; vomits often her food, especially in the morning. Will not do any thing, is always moping and taciturn.

After regulating her diet, she received Plumbum 6th, as above. Feb. 26. Begins to look better and feels a little more cheerful, no vomiting nor toothache, had several soft stools. March 3d. State the same. Plumbum 12th. March 12. Rather worse. Plumbum 3d, 20 centigrammes each day for a week. March 14. Great improvement, the waxy complexion has entirely disappeared, Plumbum 3d continued. March 21. Improvement continues ; she looks rosy, but will steal an orange and eat it. April 6. Better every day, but coughs and has some pains in the temples ; Plumbum 1st in the same dose. April 17. Gains steadily under this low potency, and goes to the country, where she continues the same remedy in the first potency till she can be considered perfectly cured. So far, a year afterward, no relapse.

3. Oct. 20, 1885. A young lady aged 19, dark hair, brown eyes, waxy color and extreme paleness of mucous membranes, some obesity, pulse small (84) ; blowing sound about the neck, especially on left side ; gastralgia, and for several days vomits every thing she eats ; has good appetite and great desire for acids ; more or less constipation ; frontal headache, especially mornings when rising from bed ; dreams greatly during her sleep ; short breathing, so that she can not exert herself, though every thing is normal ; menses regular, but pale. No appreciable cause for it. She receives ferrum 3d for a month, but it fails to relieve. Nov. 11th. On account of the persistent vomiting, Plumbum 6th, 10

drops in a glass of water, a teaspoonful three times a day. December 9th. Wonderful improvement everywhere.

**SOME DIFFICULT CASES OF LARYNGITIS STRIDULOSA.**—By Cadet de Gascourt, *Journal de Médecine de Paris*, April, 1886.—The diagnosis of simple laryngitis stridulosa is plain enough: a child is suddenly attacked at night with fits of suffocation which soon pass off and it breathes naturally again. The next night another fit follows and there and then the child is well again or suffers still from a slight bronchial catarrh. Most cases run just such a course. Let us report some more severe ones. A child of eleven was attacked last February with laryngitis, barking cough and hoarseness. Aggravation the following night with a severe fit of suffocation, followed by substernal stridor. After three quarters of an hour another fit with the same sequel, and for fifteen hours one fit followed another with pronounced asphyxia. One could be in doubt whether this is simple laryngitis stridulosa or a genuine croup. The diagnosis is necessary on account of prognosis and treatment, especially tracheotomy. During the consultation the stridor ceased, the breathing became more force and the child was well in a few days.

A girl of four years was suddenly attacked at night by a fit of suffocation, followed by a pronounced substernal stridor. During the night she had several fits, followed by stridor and finally asphyxia. It ceased suddenly and she was well again. Auscultation is here necessary for the differential diagnosis, for during the stridor we still can hear vesicular breathing, only somewhat weaker and it becomes more normal during the intervals between the fits, especially when the latter are more prolonged.

This symptom with the anamnesis will regulate the diagnosis. Still there are cases as Trousseau teaches, where tracheotomy may become necessary. A case is reported of laryngitis stridulosa, where the stridor and dyspnoea constantly increased till finally tracheotomy was performed and the child was saved. After a few hours a trial was made to

remove the canula, but a new fit superseded and it had to be reapplied. This happened for eight long years till finally she ordered one morning the canula removed, feeling strong enough to overcome the suffocatory anguish by her own will power. She enjoyed her ride in the Bois de Boulogne and returned in the evening without having had a spasm, and henceforth they never returned.

(These are just the cases where Dunham's chlorine works so beautifully, as he teaches us in his *Homœopathy*, the *Science of Therapeutics*, p. 491. How nicely he shades off chlorine from sambucus, lachesis and other drugs. Do not forget that the solution must be always freshly prepared).

**PREVENTION OF SELF-MUTILATION OF INSANE PEOPLE.**—By Dr. Rabow, in *Berlin Centralblatt of Nervenheilkunde*, June, 1886.—The most difficult patients to treat in a psychiatric practice are certainly those suffering from an irresistible inclination to commit suicide or to mutilate themselves in a most barbarous manner. The most careful watchfulness and treatment has sometimes failed to prevent them from scratching their eyes out, from pulling out their hair, from mutilating their sexual organs. Many a sleepless night they cause to their physicians and attendants. Thus the *Annales Psychologiques* of Nov., '84, reports a case of a melancholia woman who with an axe chopped off her right hand and recovered soon afterward.

Adam (*Journal of Medical Science*, July, 1883) mentions a lunatic who tore his eyes out and another one with religious delusions and hallucinations who amputated his penis. Both improved afterwards. It is most interesting that such wounds of lunatics heal rapidly.

About ten years ago a friend of mine who studied ophthalmology in England accidentally remarked after his return, that he saw there a method for preventing patients from touching their eyes after operations. Its simplicity struck me as most feasible, as it only consists in immobilizing the elbow joint (extension of the upper extremity). This can be done by a hollow cylinder made of strong pasteboard, which is passed over the joints and firmly bandaged, or it may

be made of splints or improvised from any stuff such as board or bandages which firmly fix the joint so that flexion becomes impossible. Thus it will be impossible for them to attack aggressively any part of their body. It is hardly worth while to mention that the same close watchfulness is necessary. We mention among many a few cases : 1st. A young student after cramming too long and too steadily, becomes epileptic and insane. During his insane fits he tried to scratch his eyes out. Now when he feels the aura coming he begs for the immobilization. 2d. A demented epileptic tears every day some of her hair out ; immobilization of the elbow joints, except when eating, preserved her from following that bad habit. 3d. A crazy woman, aggressive to herself and others, and swallows every thing that comes in her way. After an attack on her eyes immobilization ordered. Gradual improvement and finally discharged cured. It may be considered a very mild restraint. We have found the same treatment beneficial for somnambulists. Here the knee joints are immobilized in bed and where the patient tries to get out of his bed in his sleep, the impossibility of flexion prevents him from rising and this awakens him. As such patients feel themselves saved from their wanderings the bad habit will gradually cease.

A SINGULAR DISEASE.—A singular disease, peculiar to many places in Turk-estan and Bokhara, is the rischta, so named from the presence under the skin of a worm which sometimes attains the length of 90 cm. At this point a red tumor forms, from the apex of which emerges a white spot, which is the anterior extremity of the worm. The disease is sometimes accompanied by fever symptoms, pains in the bones, and a general swelling of the part attacked. The insect buries itself, by preference, under the skin of the hands, arms and legs ; abandoned to itself it slowly comes out from its retreat, but takes many weeks, and is usually ruptured, suffering a group of smaller worms to escape in the wound ; the disease is thus greatly aggravated, for the whole brood of embryos secrete themselves in the surrounding muscles

or tissues. To radically cure this disease the only practicable method is to destroy the worm as soon as he makes his appearance in the abscess.

RELATION BETWEEN THE TEETH AND BRAIN.—Two English doctors, Leithwood and Harlan, believe they have noticed that the teeth of those who devote themselves to study undergo rapid changes, and that a period of rest retards the evil. They also put the question : Are these occurrences attributable to an over-excited brain, whose excessive stimulation makes it assimilate to itself those phosphatic elements which would otherwise go to nourish the teeth, or rather, is this decay of the teeth due to a low state of health produced by over-work ? Comparing together numerous facts obtained by different isolated observations, they conclude that, if the brain be over-stimulated by work, the excess of phosphorous which it then consumes can only be gained at the expense of those organs which require this substance for their development, as the bones and the teeth.

CARDUUS MARIE, by Dr. G. Proell.—Nigge (Bevere Belge, Janvier 86), *tinitina seminum cardeu mariæ* (*silybum marianum*), is an excellent specific against some diseases of the liver, spleen, and kidneys (*leucocythæmia*), caused by abuse of alcoholic drinks, especially with a prolonged sojourn under ground and after the failure of *perrenum*, *nux v.*, *arnica*, *carbo vegetabilis*, *graphites*, though they seem to be indicated. (1.) A miner near Gastein complained for several years of a disease known in Germany as *bergsucht* (miner's phthisis), a compound of affections of the stomach, spleen and kidneys, insomnia, inappetency, ill humor, languor, general debility. After using for two weeks four drops of this tincture, four times a day, he returned with rosy cheeks, the former sunken eyes have now their normal brilliancy, his voice is stronger, he feels well and strong and is happy to acknowledge it to his physicians.

(2.) A female cook, aged 40, lost her appetite, a thing quite usual among cooks ; and took instead to alcoholic drinks, and especially to beer. By and



by her liver becomes cirrhotic, with general dropsy, her legs and arms swollen and hard as wood, scanty animation, stools pale and rare, great debility and some fever. Nux failed. Tincture cardui marie; four drops daily, cured her in two weeks.

**THERAPEUTICS OF CHOLERA INFANTUM**, by Dr. H. W. Bode.—We must stop vomiting and purging. For the former small pieces of ice, carbolic acid, calomel, bismuth, tincture iod., and for purging mucilaginous drinks, lactal fer. tinct. batanche, kino, tannin, alumen, argentum, natrum are recommended. Of far more importance than all these drugs is *hydrate of chloral*, which is best given per anuni, though it may be prescribed per os in the dose of  $\frac{1}{2}$  to 1 gramme (for infants a teaspoonful hourly). It stops the vomiting and purging. When the child has fever, tepid baths and wrappings may be used and excitants, or when collapse threatens. Only after the disappearance of the most dangerous symptoms one may return cautiously to a milk diet, and often the white of eggs with water will be preferable. If ever this is rejected, feeding per anum must be tried; but at a later stage pepsine and muriatic acid ought to be added to the milk.—*Arch. f. Kinder- heilkund.*

Dr. B. Giraita recommends in the summer diarrhoea of children *natrum benzoicum*, 4 to 6 grs. daily, after excreting the bowels with calomel. The diet is limited to some wine or lemonade. Nursing babies may take the breast every six hours.—*Wien. Med. Wochenschrift.*

**MORPHIOMANIA.**—Dr. Marandon de Monteyl (*L'Encephal*) summarizes the results of his investigations of the production of morphiomania as follows:

1. Morphiomania has its origin either in the demand for intellectual excitation and physical pleasure or in the acquired habit.

2. Injections of morphia have as a result a double action: A benign and a special action upon the nervous system, by which its natural function becomes impossible after a certain term, without the assistance of the poison. These two effects are separate and distinct from

each other; the second is manifested when the first is no longer exhibited. There are, then, two kinds of morphiomania; the one resulting in temporary good effect, the second a vital necessity, and after a variable period the cases of the first pass over into the second.

3. This double action of morphia upon the nervous system renders it an extremely dangerous medicament, and therefore should not be prescribed hypodermically except in cases of absolute necessity.

4. It is also extremely dangerous to combat morphiomania by the substitution of alcoholics, inasmuch as chronic alcoholic insanity may result therefrom.

5. Morphiomania may always be treated by the abrupt withdrawal of the drug, except in conditions where such methods are contraindicated by the vital forces of the patient, or concomitant pathological phenomena. The method should also be abandoned if reactionary collapse result.

6. In the treatment of morphiomania by gradual suppression of the drug it appears advantageously to combine with the progressive diminution of the dose the recoil of momentum by fusing two injections into one.

7. The medico-legal questions pertaining to morphiomania are certainly based more upon extra-judicial than upon judicial clinical observation.

8. Observation shows that a morphiomaniac may have great energy of will while the poison has not yet determined any disorder of intellect. There is here already a serious proof of what has already been said, that responsibility only ceases with the period of psycho-physical marasmus.

9. Relative to the responsibility of morphiomaniacs who commit crimes or offences to satisfy their passions, it is, perhaps, necessary to distinguish whether they have yielded to the simple appetite for a pleasant effect, or a physical necessity dependent upon the instinct of self preservation. A conclusion of irresponsibility in the latter case seems justified.

10. In the exact appreciation of the intellectual troubles caused by the abuse of the hypodermic injection of morphia, it is important correctly to appreciate



the existence of predisposition to insanity, and the delirium produced concurrently by the absorption of other substances, such as alcohol and belladonna.

**THE USE OF THE PREPUCE IN PLASTIC OPERATIONS ON THE LIDS**—Formerly in plastic operations on the lids the portion of the skin to be used has been taken from the temple or from one or the other of the arms.

This method of operating has many objections. Several writers have recently proposed to use the prepuce to supply the deficiency in the skin of the lids. Of course, in the latter operation the prepuce must be entirely detached and actually transplanted to the lids, while in the old operations a pedicle is always left to supply nourishment to the flap until it grows fast in its new position.

Boy children among Jewish people are uniformly circumcised at a certain age. It is proposed to use these abscised prepuces in making plastic operations on the lids. In the case of a male where no "circumcised" foreskin can be had, he would have to allow the use of his own prepuce for his own good. In the case of a female she would have to "borrow" a prepuce from a male friend.

While there are several reasons why the prepuce should be preferred over the common skin, there is one serious objection: The "stinking" secretion that is peculiar to the prepuce would be very objectionable on the lids.—*St. Louis Med. and Surg. Journal*.

**THE COCAINE CRAZE.**—In an article entitled "Sensationalism in Therapeutics," Dr. C. H. Hughes (*Medical Review*) says:

The truth about cocaine is that it is a tonic and stimulating exhilarant of some power in melancholia, mental depression and nerve weariness.

That it acts rapidly but much more evanescently than morphia.

That, excessively used, it intoxicates and converts melancholia into mania.

That, given largely in the upright position, it is capable of inducing vertigo, whether, as Dujardin-Beaumez thinks, by inducing anæmia is not proven.

That, as an antidote to alcoholism and its effects, it is not equal to morphia.

That it is not equal to morphia as a tonic in melancholia or as a narcotic in certain states of nervous debility.

That in equal doses it nauseates more certainly than morphia.

That it is not an antidote to meconophagism, though beneficial if judiciously used and timely abandoned.

That it may be used with advantage, if carefully given, in the withdrawal of opium and the cure of the opium habit, as one of many substitutes, but cannot be alone relied upon.

That it intoxicates some persons and poisons them.

That its continuous use is difficult to break off.

That it is probably capable of developing permanent madness, like similar intoxicants, as a few doses occasion temporary insanity.

That it is a dangerous therapeutic toy, not to be used as a sensational plaything.

That it will probably help to fill rather than deplete the asylums, inebriate and insane, if it should unfortunately come into as general use as the other intoxicants of its class.

As an intoxicant it is more dangerous, if continuously given, than alcohol or opium, and more difficult to abandon.

**CHARMS AND SUPERSTITIONS IN THE TREATMENT OF DISEASES.**—The Bishop of Bedford is quite at home among the people, and knows them in sickness and in health. He gives some curious examples of the still prevalent superstitions as to charms against sickness, which are worth preserving among the records of medical folk-lore.

For many years he labored in a country parish in Shropshire, and the remedies believed to be efficacious in many complaints absolutely surprised him. In cases of whooping-cough, for instance, a woman would send children suffering from it along the towing-path of a canal to meet a certain boat, the reason being that the boatman was a seventh son, and any remedy suggested by a seventh son would, it was thought, do good. Another popular remedy was to pass children over and under a brier seven times;

another horrible thing was to draw three yards of black ribbon through the body of a frog, and wear it round the neck; and another thing was to make a child breathe into a frog's mouth. It was supposed, too, that anybody riding on a piebald horse could cure whooping-cough. He had seen a woman pretending to charm away a tumor on the lips of another woman with elder-pith which was got at night under a full moon, and by the use of some words which, the charmer said, were in the Bible, but on being told that they were not, said she was sure they were in the Prayer-book, and this was equally incorrect. A farmer, who had the toothache, had given to him some gander's teeth to put in his waistcoat pocket. These were only a few of the superstitions that had come under his notice in North Shropshire, and perhaps some of our readers can add to this curious budget of surviving superstitions.—*British Medical Journal*.

**RHUS-POISONING.**—Much discussion has been given lately to the treatment of rhus-poisoning, but we know of no better dressing than a solution of baking-powder, followed by lard beaten up with lime-water.—*Medical Times*.

Convulsions may be frequently cut short like magic by turning the patient on his left side. The nausea as an after effect of chloroform and ether narcosis may generally be controlled in the same manner.—*Chicago Medical Times*.

#### CORRESPONDENCE.

NEW YORK, AUG. 1ST, 1886.

At the last meeting of the American Institute of Homœopathy, at Saratoga, the treasurer was instructed to continue the subscription for 400 copies of the *Cyclopædia of Drug Pathogenesis*, to the close of that publication, and to take subscriptions from the members of the Institute for single volumes, or for the three volumes necessary to make a full set. In accordance with such instructions I would now give notice, that I am ready to receive subscriptions, accompanied with the money, on the following terms:

For Vol II., in Four Numbers, \$2.80

For Vols. II., III. and IV., Four Numbers, each, 8.40

For the Entire Work, Four Large Vols. 11.00

The numbers will be mailed from London, as heretofore, as fast as printed, to the address of each subscriber, without charge for postage.

Subscribers for Vol. I. will shortly receive Part 4, if not already in hand when this circular comes.

E. M. KELLOGG, M. D.,  
117 WEST 42 ST.

#### THE CYCLOPÆDIA OF DRUG PATHOGENESY.

This publication, embracing every drug that, in deliberate proving or clear cases of poisoning, has shown its power to impress the healthy human organism in definite ways, so as to become useful under the application of the homœopathic principle, will be pushed forward to completion as rapidly as the research and critical care necessary will admit. When the four volumes are finished, they will exhibit the story told by each drug, as to its power to vary the health conditions of man from the normal standard, aside from theories and all doubts as to truthfulness.

The rules agreed upon by the American Institute of Homœopathy and the British Homœopathic Medical Society for editorial guidance, in the preparation of the *Cyclopædia*, are being carefully followed.

The offer made by the American Institute, through its Treasurer, to those subscribing for single volumes or the entire work, is more favorable than can be had by individuals even from the publishers in London.

J. P. DAKE, M. D.,  
American Editor.

Editor AM. HOMŒOPATHIST.

BUFFALO, September, 1, 1886.

At a recent meeting of the Western New York Homœopathic Medical Society a committee was appointed for the purpose of securing, if possible, positive evidence, clinical or pathogenetic, as to the potency of attenuated drugs.

The fact was recognized, that from

the early history of homœopathy till the present day, a portion of the profession have attributed to attenuated remedies qualities which were not claimed for the material drug; while another large body of homœopathic practitioners have insisted that all curative power ceases, when by no known method can the drug substance be detected in the medium employed.

The desirability of a solution of the question of the potency of attenuated drugs was recognized by the society that their employment might, with justice, be endorsed or condemned. In answer to the view which many hold that the matter has already been demonstrated, and that published reports of alleged cures are accessible, the committee would say that the selection of certain clinical reports would be invidious, while others are by no means conclusive.

Without bias, therefore, the committee approach the question and invite your cooperation as in the solution of a purely scientific problem.

They would be pleased to receive from you reports of cases in which the following requirements have been met:

First: Reports of recoveries of self-limited disease, in which 30th or higher potencies have been employed, in which the duration of the illness has been shorter than in those cases treated on the expectant plan.

Second: Reports of recoveries of diseases, the tendencies of which are not to spontaneous recovery, in which 30th or higher potencies have been employed.

It is further desired that not only the names of the diseases treated be given with the symptoms for which the remedy is employed, but as well the pathogenetic symptoms on which the diagnosis is based with any idiosyncrasies which may exist. The diagnosis shall be verified by at least one other competent observer if possible.

The committee would also be pleased to receive results of tests of attenuated drugs on the healthy, and to that end will furnish any who desire to experiment on those especially sensitive to any drug a 30th attenuation of that drug with five bottles of blanks, the phials to be marked in such a way that neither the one upon whom, or by whom the

experiment is made shall know which contains the attenuated drug.

Trusting that we may receive your valued assistance in these tests, we are,

Fraternally yours,

F. PARK LEWIS, M. D.

188 Franklin St., Buffalo, N. Y.

E. P. HUSSEY, M. D.

493 Porter Ave., Buffalo, N. Y.

M. A. WILSON, M. D.

North East, Pennsylvania.

Committee.

#### ITEMS.

The Southern Homœopathic Medical Association will hold its third annual meeting, in New Orleans, on December 8, 9 and 10.

One of the notable features of the *Century* for the coming year is an authorized life of President Lincoln, prepared by Col. Hay and Mr. Nicolay. The manuscript has been in preparation ever since the assassination, and its publication will arouse universal interest. The *Century* also promises a host of good things; and the *Century* people always fulfill their promises.

Dr. J. V. Mott, in a recent article on the requirements of the sick-room, says: "'Imperial Granum,' in my hands, has seemed to meet with all that is claimed for it, and experience has brought me to rely on its use where its special properties are indicated. In infantile diseases it has proved very efficacious, and I always direct its use when a child is being weaned."

Prof. F. E. Doughty, M.D., is now located at 512 Madison Avenue, New York, and announces that henceforth he will devote himself exclusively to the practice of surgery. The homœopathic fraternity of New York will not be slow in appreciating the advantages thus afforded them, and Prof. Doughty will have his hands full of work. He has gained a reputation for careful and skillful work in his specialty, of which any man might well feel proud.

*The Test at the Bedside* is the name of a valuable campaign document prepared by Prof. Pemberton Dudley, of Philadelphia, and published by the *Southern Journal of Homœopathy*. It is small enough to go into a No. 64 envelope, and will win converts to homœopathy wherever circulated. The price per hundred is \$3.50, and they may be had of Dr. Fisher, Austin, Texas. Send for some and hand them about among those who may be influenced by them.

If any one thinks that actors are poor illiterate fellows who can use no language but that put into their mouths by playwrights, he should read the two papers by Edwin Booth in the volume just issued by Cassell & Company, of Matthews & Hutton's "Actors and Actresses." One is on Edmund Kean, the other on Junius Brutus Booth. The one on his father is a touching tribute to the heart and the genius of that famous actor, and a most important contribution to the literature of the stage.

# THE AMERICAN HOMŒOPATHIST.

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NO. 11.

## THE TIMES OF THE REMEDIES.

COMPILED BY DR. IDE, OF STETTIN, TRANSLATED BY

PROF. S. LILIENTHAL, M. D.

*(Continued from page 304.)*

- Vomiting : Ars., bell., bryo., calc. c., digit., dros., ferr., ignat., kal. c., lyc., merc.,  
mur. ac., nux v., phosph., puls., rat., sep., silic., sul., therid., valer.,  
veratr.
- “ about midnight : Ferr.
- “ of food “ “ : Ferr.
- “ bilious “ “ : Merc.
- Gastralgia : Alum., ammon. m., ars., calc. c., carb. v., cham., con., graph., ignat.,  
kal. c., nitr. acid, nux v., phosph., puls., rhod., rhus. seneg., sep., silic.,  
sul.
- Gastralgia at night in bed : Natr. s.
- Sensation of constriction in stomach : Coloc.
- Cramps in stomach : Calc. c., kal. c., senega., sul.
- “ “ “ at 2 A. M. : Ars., natr. c.
- Colic at 5 A. M. : Kobalt.
- Colicky flatulent pains : Acon., ambr., aur., carb. v., cocc., ferr., ignat., kal. c.,  
merc., natr. m., nux m., puls.
- Bloatedness and fullness of stomach, especially at night : Graph.
- Pressure and anguish in hypochondria : Coloc., magn. c.
- Bellyache : Acon., ambr., ammon. c., ars., aur., borax., calc. c., carb. v., cocc.,  
dulc., ferr., graph., iod., kal. c., kreas., lyc., magn. c., magn. s., merc.,  
natr. c., natr. m., nitr. acid., nux m., petrol., phosph., plumb., prun.,  
puls., rhus, sep., sul., sul. acid., tabac., veratr.
- Cramps in abdomen, especially in the evening and nights : Calc. c.
- Pains in the walls of abdomen : Lyc.
- Defæcation : Fluor. acid., graph., hep., merc.
- Diarrhœa : Aloes., ant. cr., arg. nit., ars., aur., bor., brom., bryo., canth., cupr.,  
caust., cham., chel., chin., cinnab., cist., colch., cubebs., dulc., graph.,  
grat., hep., ipec., iris, kal. brom., kal. c., lach., lith., merc., mosch., nux  
m., phosph., pod., puls., rhus, selen., sul., tabac., veratr.
- “ about midnight : Hippomanes.
- Diarrhœa after midnight : All. cep., arg. nitr., ars., hippom., lycop.
- “ “ “ till morning : Ars., cist.
- “ about 2-3 “ “ Aloes.
- Infantile diarrhœa only at night : Sul.
- Involuntary stool : Arn., bryo., con., hyosc., mosch., puls., rhus.
- Lienteria : Ammon. m., borax., bryo., chin., coloc., ferr., veratr.
- Tenesmus : Merc., puls., sul.
- Urination : Alum., ammon. c., ammon. m., anac., arn., ars., bell., bov.,  
borax., bryo., calc. c., carb. an., carb. v., casc., caust., chin. s.,  
coff., con., cupr., daphne., digit., dros., dulc., glonoine, graph., hep.,  
hyper., iod., kal. bichr., kreas., lach., lact., lobel., magn. m., magn. s.,



merc., natr. c., natr. m., nicc., nit. acid, oxal. acid, petrol., phosph., phosph. acid, phytol., pod., puls., rat., rhus, ruta, sabina, sang., *sars.*, scill., senega, sep., silic., spig., sul., *sul.* acid., tart. emet., thuja.

Conscious urination : Kreas., plantago maj.

Unconscious urination : Caust.

Frequent urination : Alum., ambr., ammon. c., calc. c., carb. v., graph., kreas., lach., lyc., merc., sep., sul.

Frequent urination toward morning : Ammon. c., mez.

“ “ in senile paralytics : Alum.

Copious urination at 3 A. M., after waking : Benz. acid.

Constant inclination to micturate : Ammon. c., ars., calc. c., graph., hyper., kreas., lach., magn. m., meph., nit. acid, nux v., rhus, sabina, samb., spig., sul., tart. emet., thuja.

Strangury from 3-6 : Pareira brara.

Spasmodic pains in the bladder : Prun.

Enuresis : Acon., ammon. c., arn., ars., baryt., *bell.*, bryo., calc. c., *carb. v.*, caust., chin., *cin.*, con., dulc., magn. s., merc., natr. c., natr. m., nux v., petrol., pod., puls., rhus, ruta, *senega*, *sep.*, *silic.*, *stram.*, staph., *sul.*, veratr., zinc.

during first sleep : Sep.

Enuresis early in the morning : Ammon c.

Erections : Alum., aur., caps., fluor. acid., merc., merc. cor., natr. c., natr. m., nit. acid, ol. an., par., petrol., plat., plumb., rhus, sep., silic., staph., thuja, zinc.

“ decrease at night : Lithium.

Pollutions : Ammon. c., baryt. m., bell., camph., coff., coloc., ferr. acet., led., oleand., op., phosph., puls., silic., tabac., thuja.

“ nearly every night : Graph., lach., magn. c., sass., staph.

“ every other night : Tarax.

Sweat on the male genitals : Bell.

Leucorrhœa : Ambr., caust., merc., nit. acid.

Metrorrhagia from 3-11 A. M. : Nux v.

“ worse at night in bed, with uterine spasms : Magn. m.

Menses only at night : Bov.

“ more copious at night : Ammon. m., zinc.

“ less at night, more copious toward morning : Bov.

Coryza dry : Calc. c., caust., magn. m., nicc., nux v.

“ moist : Caust.

“ with cough : Caust.

Nose dry : Nux v., silic.

“ clogged : Ammon. c., calc. c., lyc., magn. c., magn. m., nux. v., phell.

“ moist during day : Calc. c., phell.

Hoarseness : Carb. an., spig.

“ after night sweat : Digit.

Aphonia : Carb. an., carb. v.

Croup, worse before midnight : Spong.

“ “ after midnight : Hep.

“ “ first part of night, better after midnight : Brom.

Catarrh of larynx and trachea : Carb. an., spig.

Spasm in throat : Ol. an.

Itching and crawling in throat : Lyc.

Cough : Acon., alum., ambra., ammon. c., ammon. m., anac., arn., ars., baryt. c., bell., bryo., calad., calc. c., caps., carb. an., caust., cham., chin., cocc., coccus cact., coff., colch., con., corall., digit., dros., dulc., eugen., graph., grat., hyosc., ignat., ipec., kal. c., lact., led., lyc., magn. c., magn. m., meph., merc., mez., nicc., nit., nit. acid, nux v., ol. an., par., petrol., phell., phosph., puls., rhod., rumex., ruta, sabad., sang.,

senega, sep., silic., spig., stann., staph., sticta., sul., tart. emet., veratr., verb., zinc.

Cough, exacerbating at night : *Caps., cham., natr. s., op., stront.*

“ during sleep : *Arn., calc. c., cham., hipp., lach., nitr. acid, sep., verb.*

“ “ worse : *Acon., arn., calc. c., carb. an., cham., hyosc., lach., merc., samb., sep., stram., verb.*

“ awaking from sleep : *Merc., nitr. acid, phosph., rhod., sep., sul.*

“ worse evening and a little while after going to bed : *Dolichos.*

“ before midnight : *Mezer., rhus, spong., stann.*

“ at 11 P. M. : *Arn., baryt. c., carb. v., caust., ferr., hep., led., lyc., magn. c., magn. m., mosch., mur. acid, nitr. acid, puls., rumex., sabad., sep., stann., staph., sul., sul. acid, veratr., zinc.*

“ at 11 P. M., with congestion to head and red face : *Cocc. cact.*

“ from 11 to 12 regularly, spasmodic cough, so that he can hardly breathe from continued titillation in larynx : *Bell.*

“ between 11 P. M. and 3 A. M., suffocating and continuous : *Squill.*

“ at midnight : *Bell., dig., hippom., magn. c., magn. m., samb.*

“ “ waking out of sleep every fourth night : *Cocc.*

“ after midnight : *Acon., bell., bryo., cham., chin., digit., dros., kal. c., hyosc., magn. c., merc., nux v., samb., tart. emet.*

“ from midnight to 2 A. M. : *Merc. s.*

“ “ till morning : *Ipec.*

“ “ 2 to 5 A. M. : *Rumex.*

“ at 3 A. M. : *Ammon. c., kal. c., nitr.*

“ at 3 to 4 A. M. : *Ammon. c., kal. c.*

“ till 4 A. M. : *Niccol.*

Awakes at 4 A. M. with cough and stitches in chest : *Kal. c.*

Cough better after 3 A. M. : *Acon.*

Rough cough : *Verbasc.*

Dry cough : *Acon., bell., bryo., calc. c., caps., carb. v., cham., china, grat., kal. c., magn. c., magn. m., magn. s., merc., mez., nux v., ol. an., petrol., rhod., rhus., sabad., scill., sul., veratr., verbasc., zinc.*

Dry cough, worse nights : *Cham., op., stront.*

“ between 3-4 : *Ammon. c., kal. c.*

Cough bloody, hæmoptysis : *Arn., ars., ferr., rhus, sep.*

Cough with vomiting of mucus : *Ipec., mez.*

Titillating cough : *Rhus.*

Spasmodic cough : *Bell., bryo., hyosc., magn. c., magn. m.*

“ of old people from steady tickling in larynx : *Hyosc.*

Suffocating cough : *Bryo., cham., chin., silic.*

Oppression of chest : *Ammon. m., berb., calc. c., coloc., ignat., lact., magn., nux v., petrol., rhus, sep.*

Short breathing : *Sep.*

Disturbed breathing : *Alum., acon., ammon. m., ars., aur., berb., bryo., calc. c., carb. v., cham., chin., coloc., cupr., daphne., digit., ferr., graph., ignat., kal. c., kal. iod., lach., lyc., magn. s., merc., nux v., op., petrol., phosph., plumb., puls., ran. b., rhus, samb., selen., senega, sep., stann., sul.*

Fits of suffocation : *Chin., graph., lact., nux v., phosph., puls., samb., sul.*

“ when falling asleep : *Ammon. c.*

“ only about midnight : *Ignat., samb.*

Dyspnœa, worse : *Ignat., natr. m.*

Asthma : *Ammon. m., aur., bryo., coloc., daphne., digit., ferr., kal. c., lach., lact-uca, nux v., phosph., puls., sang., sep., sul.*

Asthma : after midnight : *Ferr.*

“ 3 A. M. : *Cupr.*

Burning in chest : *Lach.*

Pains in chest : *Ran. sc., tart. emet.*

Stitches in chest : Ammon., merc. cor., ran. sc., sabad.

Pains in chest all over : Alum., ammon. c., cact., kreas., lach., magn. m., magn. s., merc. cor., nux v., puls., ran. sc., ruta, sabad., selen., senega.

Sensation of heaviness in chest : Ammon. m.

Pressure on chest : Alum., magn. s., phosph. acid, senega., senna.

Sensation of compression in chest : Ruta.

Trembling in chest : Ambra.

Perspiration on chest (mammæ) : Agar., baryt. c., calc. c., kal. c., lyc., silic., stann., sul.

Congestion to chest : Puls.

“ “ heart : Puls.

Palpitation of heart : Agar., arg. nitr., ars., baryt. c., benz. acid., calc. c., dulc., ignat., mur. acid, natr. c., natr. m., nitr., nitr. acid, oxal. ac., puls., sul.

Palpitations for half an hour immediately after going to bed, for three nights : Oxal. acid.

Palpitations, periodic attacks and beating of the arteries, preventing sleep about 2 A. M. : Benz. acid.

Palpitation 4-5 A. M. : Lyc.

“ “ and pulsations with congestion : Sep.

Congestion of blood : Ammon. c., asar., baryt. c., borax., bryo., calc. c., carb. an., merc., natr. c., natr. m., nux v., phosph., puls., ran. b., rhus, sabina, senna, sep., silic.

Pains in nucha : Mang.

“ “ at 1 A. M. : Staph.

“ “ back : Calc. c., carb. an., cham., cinnab., dulc., ferr., hell., kal. bichr., lyc., magn. c., magn. s., natr. m., nitr.

Pains in sacral regions : Ammon. c., ang., cham., chin., lach., lyc., magn. c., magn. s., natr. s., nux v., staph.

Perspiration in nucha : Mang.

“ “ back : Anac., thuja.

Deadness of the fingers : Ammon. c., mur. acid.

Loss of sensation in fingers : Mur. acid.

Coldness of hands : Phosph., thuja.

Stiffness of fingers : Ambr., croc., ignat., lyc., nux v., puls., silic.

Heat in hands : Staph.

Sweat in hands : Coloc.

Hands and arms feel enlarged and swollen : Bapt., clem., diad., nitr.

Swelling of hands : Dig., nitr., phosph.

Stiffness arms : Nux v.

Pulling and pinching in arms : Baryt. m.

Pains in arms : Ambr., Ammon. m., bryo., calc. c., caust., cham., diad., digit., dros., dulc., ignat., iod., lyc., magn. c., merc., mur. acid, nitr., nux v., phosph., puls., sang., selen., silic., staph., sul.

Pains in arms in bed : Ign., sul.

Pains in arms after midnight : Nux v.

Pains in bones of the arms : Ammon. m., lyc.

Pains in shoulder : Bell., caust., magn. c., merc., nitr., phosph., sul.

Pains in upper arm : Ars., cast., cham., merc., nux v., puls., sul.

Pains in elbow joint : Nitr.

Pains in carpus : Nitr., silic.

Pains in hands : Phosph., selen., sul.

Pains in fingers : Borax, magn. s., puls., sul.

Pains in joints of the fingers : Nitr., sul.

Cramps in leg : Ambra., ars., bryo., carb. v., cham., eugen., iod., ipec., lachn., lyc., magn. c., magn. m., nitr. acid, nux v., rhus, sep., seneca, staph., sul.

Cramps in calves, awaking from sleep in morning : Staph.

Stiffness and numbness of legs : Alum.

Hardness of legs : Sul.

Coldness of legs : Phosph.

Sweat of legs : Coloc., mang., tereb.

Sweat on thighs (also mornings) : Carb. an.

Sweat on feet : Coloc.

Restlessness in legs and feet : Lyc.

Loss of sensation in legs : Alum.

Pains in legs : Alum., ambr., bryo., carb. an., carb. v., cham., coloc., eugen., graph., hep., iod., kal. c., lyc., magn. c., mang. s., magn., merc., nitr. acid, nux v., phosph., rhus, sep., staph., sul., tereb.

“ “ legs in bed : Sul.

“ “ bones of legs : Kal. c., merc.

“ “ hips : Bell., cham., ferr., lach., merc., natr. s., prun.

“ “ thighs : Cham., euphr., ferr., lach., merc., nux v.

“ “ knees : Lach., lyc., merc., zinc.

“ “ legs : Ammon. m., croc., lyc., spong.

“ “ tibia : Phosphor. acid.

“ “ calves : Anac., cham., lyc., nux v., sabad., sul.

“ “ tendo Achillis : Mur. acid.

“ “ feet : Cham., kal. c., lyc., phosph., silic., spong.

“ “ soles : Silic., sul.

“ “ toes : Ammon. c., kal. c., led., natr. c., plat.

“ “ bones before midnight : Prun.

“ “ “ after midnight : Nux v.

Dryness of skin : Natr. c.

Heat in skin : Kreas.

Burning of skin : Ars., cinnab., kreas.

Biting in skin : Sul.

Formication in skin : Baryt. c., sul.

Itching eruptions : Ant., kreas., merc., rhus, tart. emet., veratr.

Herpes itching : Ars., graph., staph.

“ burning at night : Ars., caust., merc., rhus, staph.

Itching of skin : Ammon. c., ammon. m., arg. nitr., baryt. c., berb., calc. c., caust., cin., cocc., croc., dulc., gutti., kreas., lach., lachn., merc., mez., nux v., phosph., puls., rhus, sabad., scilla, sass., silic., staph., stram., sul., thuja, zinc.

Itching of skin nights in bed : Cocc., kal. bichr., merc., sul.

Stitching in skin prickling : Cann., dulc., merc., thuja.

Ulcers of skin bleed : Kal. c.

“ “ burn : Hep., lyc., rhus, staph.

“ “ itch : Lyc., staph.

“ “ prickle : Rhus.

“ “ pain : Hep., lyc., rhus, staph.

“ “ lancinate : Rhus.

Fever : Ammon. c., ang. ver., ars., baryt. c., bell., borax, caps., carb. an., carb. v., caust., cham., croc., hep., lach., magn. s., merc., nux v., phosph., puls., ran. sc., rhus, sabad., scilla, sep., silic., staph., stram., sul.

“ paroxysmal all through the night : Lyc., puls., rhus.

“ at 10 P. M. : Lach., petrol., sabad.

“ before midnight : Veratr.

“ about midnight : Rhus.

“ after midnight : Ammon. m., borax, ran. sc., thuja.

“ from 12 to 4 A. M. : Cimicif.

“ at 2 : Borax, taxus.

“ at 3 : Thuja.

Chill : Alum., ang., bor., carb. v., caust., ferr., hep., iris, magn. s., merc., mur. acid, natr. s., nux v., staph., thuja.

“ already in the morning and lasting the whole night : Lyc., puls., rhus.



Chill : from 9 P. M. to 10 A. M.: Magn. s.

“ before midnight : Caust., merc. s., mur. acid, phell.

“ about midnight : Caust.

“ after midnight : Calad., thuja.

“ at 3 A. M.: Thuja.

“ at 6 A. M.: Nux v.

Horripilations : Arg., merc., staph.

“ after midnight : Thuja.

Heat : Alum., ant. cr., arg., baryt. c., berb., bryo., cal. c., carb. an., carb. v., cham., cic., cin., coff., dros., dulc., hep., laur., magn. c., magn. m., magn. s., merc., natr. m., nicc., nitr. acid, nitr., petrol., phosph., phosphor. acid, psor., puls., ran. b., ran. sc., rhod., rhus, sabina, silic., stront., sul., viol. tric.

Heat before midnight : Ant., calad., eugen., magn. m., sep.

“ daily about midnight : Rhus.

“ after midnight : Ars., magn. m., merc. s., phosph., ran. sc.

“ at 3 A. M.: Ang. ver.

“ dry, burning : Acon., anac., arn., ars., baryt. c., bryo., calc. c., coff., dulc., graph., lach., lyc., nitr., nux v., phosph., puls., ran. sc., rhod., spig.

“ with burning face : Cham.

“ without thirst or sweat : Ars.

“ then sweat : Alum., eugen.

Night sweats : Acon., alum., ambra., ammon. c., ammon. m., anac., arg., arn., ars., acar., aur., baryt. c., berb., bell., bism., bryo., calc. c., camph., carb. an., carb. v., caust., chin., cic., cist., cocc., coloc., con., cupr., cycl., digit., dulc., eupat., euphr., eupion., ferr., graph., guaj., gutti., hep., hell., iod., ipec., kal. c., lach., laur., led., lobel., lyc., magn. c., magn. m., magn. s., mang., merc., merc. cor., mur. acid, natr. c., natr. m., natr. s., nitr. acid, nitr., nux v., oxal. acid, petrol., phosph., phosph. acid, plumb., puls., rhus, sabad., samb., sep., silic., spong., stann., stram., stront., sul., talax., tart. emet., tibia., veratr., viola. odor., viola. tric., zinc.

Sweat when falling asleep : Magn. c., merc. s., mur. acid, tarax.

“ after falling asleep : Ant. cr., ars.

“ at 11 P. M.: Silic.

“ before midnight : Bryo., mur. acid.

“ about midnight : Con., hep., staph.

Sweat after midnight : Acon., alum., ambra., ammon. m., clem., dros., magn. m., nux v., phosph.

“ after 3 A. M.: Calc. c.

“ towards 4 A. M.: Caust.

“ every other night : Nitr., sep.

“ weakening : Ars., bryo., carb. an., chin., eupion., merc., samb., stann.

“ itching with miliary eruption : Rhus.

“ with stupor : Puls.

“ alternating with dryness of skin : Apis., natr. c.

## ANENT DIPHTHERIA.

BY

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IF one could only accept with firm faith the statements found, from time to time, floating through the medical press concerning the treatment of the various diseases that vex mankind, how very easy the practice of medicine would be, and what glorious success would attend our efforts. For some time diphtheria has formed a favorite subject for these comments, and a number of specifics for this scourge have been discovered. Thus: one physician writes he has found it in the bichloride of mercury; another that he has found it in the vapor of turpentine. Dr. Ofner of Germany says that the balsam of tolu, locally, in conjunction with oil of turpentine is the antidote. Drop doses every hour of the tincture of iodine, according to another writer, will also cut short the disease and bring about a speedy cure. Again in the report of the recent meeting of the New York State Homœopathic Medical Society, I notice one distinguished physician saying, that he relied upon the indicated remedy, and that he had only lost two cases in the past fourteen years. And in all the cases of these reported specifics, the mortality is a mere trifle, not more than one or two per cent. As statistics show that of the cases of diphtheria reported to the sanitary bureaux, one in every three die, and as all authorities agree that diphtheria is a dangerous and fatal disease it becomes an interesting query who treats and what is the treatment in the cases that die; some one must get them all. In the summer just ended, it has been my unfortunate experience to meet an unusually large number of cases of this disease, many of them amid the worst possible sanitary surroundings; and while the mortality has been less than twenty per cent., I have not been able to find any specific nor the disease any thing but a difficult and intractable one to treat. I think that most physicians who have had experience with this disease will agree that in the presence of a severe attack, we are powerless and our medicines of

no avail. There are many cases that recover, and would do so in spite of, or in lack of any treatment, but to claim that any remedy, or mode of treatment, is specific is to make a claim that the present state of medical science will not sustain.

Concerning the origin of diphtheria our knowledge is as vague and valueless as that regarding treatment. Dr. Morrell MacKenzie in his treatise on diphtheria regards every case as surely derived from a preexisting case, and cites instances of the poison being conveyed for long distances, and of remaining potent for years in a room to infect a new subject. My own experience has been that diphtheria is capable of spontaneous development, and that while there is no doubt of its power of transmission, it can yet originate *de novo*, for cases are continually arising where no possible source of infection can be traced. It is the least contagious of the zymotic diseases, and may be said to be more infectious than contagious; and to hold that it can be conveyed over an indefinite distance from an unknown source with no direct, and only intermediate and momentary points of contact, is to make an assumption that is not capable of proof. Dr. J. Lewis Smith, in his work on Diseases of Children, ascribes to sewer gas the power to originate the disease, and Dr. N. Davis, in his Practice of Medicine, believes it to be in some cases of spontaneous origin. As, according to the *London Medical Press*, typhoid fever has originated on the desert hundreds of miles away from any possible source of infection, and as according to a correspondent of the same paper, a genuine case of rabies was developed in a native in India who had never been bitten by any animal, why should not diphtheria be generated in the same manner? If the leucomane and ptomaine theory of disease be correct, and it is a very reasonable hypothesis when these apparent contradictions may be readily reconciled.

Another consideration regarding diphtheria, what are the visible signs of this disease? There are certain symptoms which, if present, are pathognomonic, but failing these can we always diagnose diphtheria from a less serious

disease, and what is the essential difference between diphtheria and a diphtheritic sore throat? Dr. Nichols in his *Diseases of the Larynx and Trachea in Childhood*, speaks of a diphtheritic sore throat, which bears the same relation to diphtheria that cholera morbus does to cholera; while on the other hand a correspondent of the *British Medical Journal* says he does not know what a diphtheritic sore throat is, and that he divides all cases into diphtheria and non diphtheria, and that he isolates all suspicious cases. In a recent case that I treated, a boy about ten years old had a sore throat; for treatment he went to a Dispensary, where it was pronounced quinsy, and lanced, with immediate relief. A few days later his sister, about seven, had a very severe attack of diphtheria, from which she finally recovered. Ten days after she was attacked a brother about two years old had a sore throat from which he soon recovered. Others of the children equally exposed were not affected. The question naturally arises, were all these cases of the same nature, and if so, how can we diagnose the difference from a less serious disease. But if the system is capable of developing the poison which only needs an exciting cause to call it into action, will not anomalies be explained, and the one cause develop in one case a quinsy or a simple catarrhal sore throat, in another diphtheria?

#### INTERMITTENT FEVER.

BY

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**SYNONYMS.**—Paludal fever. Ague. Chills and fever.

**Definition.**—The word paroxysm, as associated with intermittent fever, implies a sensation of coldness, an increase of temperature and a sweat. Intermittent fever is a disease characterized by the recurrence of these paroxysms, or of incomplete paroxysms at regular intervals, there being between the attacks a complete apyrexia.

**Varieties.**—Intermittent fever, proper; pernicious intermittent; dumb ague.

**Types.**—When the paroxysms occur

daily, the attack is one of the *quotidian* type; when every other day, with an apyrexia of forty-eight hours or a little less, *tertian*; when every third day, with an apyrexia of about seventy-two hours, *quartan*. There is also the *double quotidian*, with two paroxysms each day; the *double tertian*, which differs from the quotidian in that the paroxysms on alternate days resemble each other; the *triple tertian*, which has two attacks one day and one the next; the *duplicated tertian*, with two fits on each alternate day. When the paroxysm comes every fourth day, the type is called *quintan*; every fifth day, *sextan*; every sixth, *septan*; every seventh day, *octan*. Some of these types are very unusual, that of the quotidian and tertian being the most frequent, and the quartan comparatively rare. Of 98,237 cases of intermittent fever in the United States army, 51,623 were of the quotidian type, 44,857 were cases of tertian, and only 1,757 were cases of quartan ague. (*Vide* Woodward, *Camp Diseases in the United States Army*.)

In this part of the State of New York (Long Island) the tertian is the prevailing type.

**Climatology.**—Aitken's map relative to the "distribution of diseases over the globe" indicates this fever as existing in the northwestern portion of the United States, the region around Lake Superior, the valley of the Mississippi, Spain and France at the sea level, Eastern China, Corea, Guiana, Peru, Brazil, and the West Indies.

It is stated in the Medical and Surgical History of the War of the Rebellion that malarial fevers were more prevalent in the central military district than in the Atlantic region, and more grave in its southern than in its northern portion.

The disease is most apt to be found in the river valleys, particularly where the water has receded from its ordinary level, or after its overflow and subsequent return to the usual height. Intermittent fever of a very pronounced type often occurs in the neighborhood of meadow land which has been separated by a dyke from the salt water which came over it at every tide. The soil becomes in time partially freshened, there is but little drainage, and those who reside in the

vicinity are apt to become thoroughly impregnated with miasmatic poison.

So much has been said and written concerning the mortality rate and the malaria of Rome, Italy, before its present excellent system of drainage was perfected, that attention is called to the record of deaths per thousand population in that city for the year 1880, as compared with the rate per thousand in other European cities at that date; Rome, 21.43, London, 23.2, Paris 24.6, Vienna, 29.6, Berlin, 29.7, Trieste, 36.4, Naples, 30.8, Milan, 31.7, Buda-Pest, 40.5. (*Vide* official returns, City of Rome). Under the papal régime, when the drainage system of the city was very imperfect, the mortality rate was 27.67, per thousand, but the restoration of the sewerage to its old channels, together with better sanitary rules, has reduced the rate until Rome is now the healthiest city in Europe with perhaps one exception.

*Elevation.*—Provided the other conditions are favorable, a low, level, loamy land is particularly conducive to malarious fevers. The dwellers on the long stretches of sand found along our sea coast, are not as a rule subject to intermittent and remittent fevers and the tonsillitis which so frequently exists in miasmatic districts, but are more liable to be ill with typhoid fever, dysentery, catarrh, tetanus, and pulmonary diseases.

The virulence of malarial poison varies in degree and the type of disease is changed as the elevation is above the sea level. Remittent or yellow fever may prevail in a low country, but in another immediately contiguous, but higher, the type is that of a mild remittent or intermittent. Those living in a hilly region are apt to be free from intermittent, provided they are not situated so as to be influenced by an air current from the land below. The altitude at which intermittent ceases to arise varies according to the temperature and to the intensity of the miasm. [In towns well drained and in a temperate climate, a height of only a few feet is considered necessary, while in Italy, an elevation of from 1400 to 1600 feet, and in the West Indies, of from 2000 to 2500 feet is needful]. (Aitken.)

*Lateral Spread.*—The distance which must intervene between a source of

miasm and a point which shall be free from its influence varies according to the character and intensity of the poisonous agent, the nature of the soil or water over which the air may come, the interrupting of the current by rows of trees or by hills, the existence of prevailing winds and the area of the marsh. As a different elevation is necessary in Europe and in the West Indies according to the intensity of the miasm, so for the same reason does the lateral spread vary. A distance of somewhat less than 3,000 feet over water is considered safe in temperate climates. The intervention of a row of trees, a hedge, or a sheet of water (especially if it be salt) between a swamp or marsh and a dwelling, will often prevent its inhabitants from being subject to malarious influence, or should they be ill with this type of disease, it will be in a modified form.

*Temperature.*—In this latitude malarious fevers are mostly confined to spring, summer and fall. It is very seldom that new cases arise in the winter season, and those persons who are subject to frequent attacks are generally free from them during the cold months. When we have intermittents in winter in this latitude, they are usually those which have been suppressed and are developed into activity by a temporary rise of temperature. The active agency of the miasm seems to be partially checked at a temperature of sixty degrees, Fahr., and when the mercury indicates a temperature of thirty-two degrees or below the miasm loses its power.

*Causes.*—Intermittent fever is a result of malarial poisoning—of miasm—but of what that which has been called miasm consists, has long been a matter of much research and dispute. Many theories have been advanced concerning it. It has been said that it was a peculiar "electrical condition" which caused an attack of a malarious character as the person's "electrical state" was similar to or unlike that of the air, that it was an excessive amount of gas from the decay of vegetable matter or set free by the upturning of heavy, loamy soil. Malarious diseases have been ascribed to a deficiency of bodily heat, and also as a result of the presence of fungi or of bacteria in the system.



Three conditions seem to be necessary to the existence of what has been called a malarious atmosphere, viz :—heat, moisture and decaying vegetation. The latter alone does not produce symptoms of miasmatic influence, nor will the addition of moisture cause them, but when the three are combined, we are very apt to have a subsequent development of miasmatic diseases. But there is most certainly another element to be taken into consideration, for the heat, moisture and decaying vegetation may be present and yet there be no malarial poisoning. In many localities, the New England states for example, it is only during the past few years that intermittent and remittent fevers have been at all prevalent, the type having been rather of the typhoidal nature, and yet the humidity, warmth and decay are not new conditions. Some other element has been added.

The season of the year in which what might be called primary cases or first attacks are most apt to occur and that in which miasm is the most potent, is the fall ; and moreover, the autumns when we have the most cases of a malarial character, are those when there is a warm, humid atmosphere and which follows summer seasons in which the vegetation has been remarkably rank, and are consequently autumns which have more than an ordinary amount of vegetable decay.

Flint in his Practice of Medicine makes some interesting statements taken from a paper by Dr. J. H. Salisbury, Professor in the Charity Hospital Medical College of Cleveland. Dr. Salisbury states that exposure to soil which was covered with *Pamellæ*, a species of algoid plant, produced well marked cases of intermittent fever in two persons who had up to that time been free from the disease. The plants were found in the mucous expectoration and in the urine of others suffering from the complaint. In localities where the fever prevailed "ague plants" (*pamellæ*) were plentiful, and where the organisms did not exist there were no cases of intermittent.

"In the blood of patients suffering from malarial poisoning, M. A. Laveran has found parasitic organisms, very definite in form and most remarkable in

character. Some were cylindrical curved bodies, pointed at the extremities, with a delicate outline and a transparent body, colorless except for a blackish spot in the middle, due to pigment granules ; on the concave side a fine line could often be traced which seemed to unite the extremities of the crescent. These bodies presented no movement. Spherical organisms were also seen, transparent, of about the diameter of a red blood corpuscle, containing pigment grains which, in a state of rest, were often arranged in a definite circle, but sometimes presented rapid movements, and then lost their regular arrangement.

. . . . M. Laveran regards it as a form of animalcule. . . . These elements were first discovered by M. Laveran a year ago, and since then he has examined the blood of 192 patients affected with various symptoms of malarial poisoning, intermittent and continued fever, and paludal cachexia, and found organisms in 180. He convinced himself, by numerous and repeated observations, that these organisms are not to be found in the blood of persons suffering from diseases that are not of malarial origin."—*London Lancet*.

We have then two observers, Salisbury and Laveran, both of them scientific men, and each of them convinced by his own sense of sight that he is right as to the cause of malaria. The moisture, heat and vegetable decay may favor either the *pamellæ* or the bacteria statements. The origin of, and the symptoms attendant upon intermittents, could be accounted for by the reception into the system and subsequent development of either the algoid plant or the microscopic living organism.

Let the future decide as to the true cause of malarious diseases.

*Exciting Causes.*—After the system has become more or less saturated with miasm, anything which tends to deprive it of its proper tone may serve as the exciting cause of a paroxysm. Other febrile conditions, notably that attendant upon the flow of milk in childbirth and the irritative fever produced by worms, congestion of the liver, anæmia, over-exertion, exposure to the heat of the sun, to damp or to night air, sudden grief, marked variations of temperature,

change of residence, are among the most frequent things which serve to bring on a paroxysm.

*Symptoms before the Chill.*—The symptoms which manifest themselves before the actual chilliness commences, vary to a certain extent in different individuals. Those most usually present are gaping, stretching, pains in the limbs, especially in the region of the joints, nausea, vomiting, headache and vertigo. The voiding of an increased amount of watery, colorless urine is frequently observed. Restless sleep during the night before the paroxysm, thirst, diarrhœa and cough, also occur in many cases. The thermometer in the axilla indicates an increase of temperature before the cold stage comes on. There may be coldness of the feet and hands. In irregular types, the chill may be preceded by sweating or by heat, or there may be a chill followed by heat, then a chill again.

*Chill.*—The patient complains of a sensation of coldness in some part of the body, and from this place the chilliness usually extends. The extremities are perhaps in a majority of cases the places which first feel cold, although the interscapular region is often first complained of. The chilliness may not be general, but confined to a particular locality, or may extend from one part to one near it in waves. During this stage, the surface may not feel cold to the hand of the observer, and yet the patient complain most bitterly of the amount of coldness. There may be a slight, short chilliness only, or the stage may be characterized by severe and long lasting shaking, with chattering teeth and blueness of the skin.

The chilliness sometimes lasts only a few moments, is then followed by a feeling of warmth, after which the coldness returns for a few seconds, then the heat comes again, and in this manner the sensations continue alternating until the stage is finished. Thirst and headache are often prominent symptoms, and so are bone pains, nausea, vomiting of bile, water or mucus, frequent voiding of urine, cough, pain in the chest, difficulty in breathing, goose flesh, gaping, contractions of the muscles of the arms or limbs, numbness, blue nails, urticaria, pain in the vertebræ. The temperature

in the axilla first noticed to increase in a clearly defined intermittent before the chill, continues to rise until it may during this stage reach  $104^{\circ}$  or  $105^{\circ}$ . The sensation to the patient, and it may be to the hand of the observer, is that of coldness, notwithstanding the temperature. In the pernicious or congestive form, the skin is apt to be shrunken and blue or white, and the coldness, both subjective and objective, intense. The blood, instead of being distributed to the surface, is sent to the internal organs. The countenance is hypocratic.

The sensation of coldness which is present during the first stage of intermittent may be sometimes ameliorated by external warmth, by covering up in bed, moving about in the open air, mental occupation, by being held firmly. Among the most frequent aggravations are from drinking cold water, motion, uncovering, being in a draft of air or in warm air. There is no rule as to these aggravating and ameliorating causes any more than there is concerning the stage of coldness itself. The symptoms and conditions vary in different persons, but I have frequently noticed that if the paroxysms recurred in the same individual, even at intervals of several years, the second attack, even including the time of the day when the chilliness began, and the external influences which made the coldness more intense or less felt, as the case may have been, was almost exactly as in the primary paroxysm. This idea is, moreover, not confined to this stage alone, but applies to the symptoms incident to each one of them. The chilly or cold stage usually lasts an hour or an hour and a half. It may be very short as to time as well as wanting in intensity, or it may continue for twelve or even more hours.

The time of the day at which the paroxysm occurs is in this section very apt to vary according to the season of the year. In a paper on the Treatment of Intermittent Fever, read before the Kings County (New York) Medical Society in the fall of 1881 (*vide* Minton's Journal of Obstetrics, Feb. 1882), I stated as follows :

"Of the large number of cases of chills and fever treated from April 1st (1881) to about September 1st, almost

all the paroxysms, with one marked exception, and that a case which came to me from Pennsylvania, came on between ten and eleven o'clock in the morning . . . and during September and October most of the paroxysms between three and five in the afternoon, excepting during the latter part of October, when they sometimes occurred in the morning before nine o'clock."

In the early spring, eight o'clock in the morning is here the most usual time, and in summer and fall it is as above stated. I do not doubt but there may be many exceptions to this rule in a different climate, but when they happen here it is usually consequent upon some sudden emotion or undue exposure.

If the patient has more than a single paroxysm, when he is getting better the attack usually comes on at a later hour, and the term postponing is applied to it; when, however, the disease is increasing in virulence, the hour is earlier than that at which the preceding chill took place, and the phrase advancing type is used as regards it.

In exceptional cases of intermittent the cold stage may be entirely absent, and the case characterized by a hot stage followed by sweat coming on at the intervals usual in this disease. This condition may also happen when the patient is much improved, and under these circumstances its occurrence usually indicates the end of the illness.

*Interval between the Chill and Heat.*—The time which elapses between the cold and the hot stage is as a rule of short duration. Usually one is merged into the other, and from a sensation of coldness the patient finds himself rapidly becoming warm.

There is, however, in some attacks a decided interval, and the symptoms which often attend it are vomiting of bile or mucus, thirst, bone pains, cough.

*Symptoms before the Heat.*—As has already been stated, the cold stage may be absent, and the attack begin with the hot stage. When such is the case the thirst, vomiting, cough, yawning, nausea, may precede it.

*Heat.*—As the coldness begins at some particular part of the body, and is often confined to certain regions, so it may be with the sensation of heat. It is

frequently felt in waves or flushes, may be mingled or may alternate with chilliness. It may be burning and dry, or there may be sweating at the same time. The patient may feel as though excessively warm and yet the rise of temperature may not be very great. The hot stage may be severe and the chill very slight, or *vice versa*. The symptoms which are most frequently found in the febrile stage are bone pains, vomiting, slight sweating, vertigo, thirst, desire to be uncovered, frequent voiding of urine, dyspnoea, urticaria, delirium, red and hot face, headache, drowsiness, restlessness, nausea, full and frequent pulse, sleep, cold hands, distended blood vessels. The temperature in the axillæ is still higher than during the chill, reaching, it may be, 107°. Although the patient may desire to throw off the bed clothing he may discover as a consequence of so doing that he will begin to shiver again. This stage may be of short duration, but it has been known to last for twelve hours. The average time of its continuance is from two to three hours. The heat has been aggravated after eating, by motion, by quiet, by external warmth, and ameliorated after eating, by warmth, motion, or quiet.

*Symptoms After the Heat.*—The sweating stage may be absent, and if this be the case, we have a rapid decline of temperature, quiet sleep, amelioration of the symptoms which were present during the heat and a return to the apyrexia.

*Sweat.*—The heat is commonly followed by the stage of perspiration. The two stages are frequently so intimately connected that it is difficult to tell when one has ended and the other begun. There is usually a decline of temperature, a gradual disappearance of the symptoms of the heat, and the sweat occurs. As with the conditions of coldness and heat, it commonly begins in the same place in successive paroxysms in the same individual, it may be general or profuse, or confined to one side or to one portion of the body, may be acrid, may be warm or cold, may have a decided odor or may have chilliness mingled with it; may immediately follow the heat, or may come on several hours after the end of the hot stage.



The symptoms most frequently accompanying it are sleep, thirst, a feeling of weakness, a desire to throw off the coverings, vomiting, headache, exhaustion, and diarrhœa.

Among the causes which sometimes produce an increase of the sweating are exercise, sleep, motion, eating, sitting up, mental exertion.

In the pernicious type, the sweating is usually cold and clammy, the exhaustion is so severe as to approach a state of collapse and the countenance is hypocratic.

*Pyrexia*.—During the interval between the paroxysms, the patient may feel perfectly well, but in the majority of cases there is a feeling of lassitude, the tongue is coated a moist yellowish brown, there are bone pains, pains in the hypochondria, possibly increased by pressure, constipation, frequent voiding of urine which is either of a low specific gravity or loaded with urates, sweating after exertion, cough; an anæmic state sometimes exists, the red blood globules are found to be diminished in number: anasarca is sometimes very marked. The temperature is about normal. There may be headache, vertigo, dimness of vision, nausea, sour, bilious, or mucous vomiting or vomiting of ingesta, flatulency; all food may taste bitter. Sleepiness and disturbed sleep are prominent symptoms, so are irritability, yellowness of the skin, diarrhœa, longing for acids, yellow tint of the conjunctiva. The patient awakes from sleep unrefreshed. If there are any latent psoric taints they are apt to be developed.

[To be continued.]

## OVARIAN CYSTS.

BY

THE MEDICAL SCIENCE CLUB

of Chicago, Illinois.

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 Chemical Constituents, CLIFFORD MITCHELL, M.D.  
 Microscopical, F. R. DAY, M.D.  
 Etiol- { Anatomy of the Ovary, CORTIS M. BEEBE,  
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**PATHOLOGY**.—Encysted tumors or cystomata may be defined as more or less spherical, smooth or lobulated,

fluctuating, soft and elastic bodies composed of a distinct wall and contents. The cyst wall may be either a pre-existing structure or a true neo-plastic growth, having the characteristics of the tissues from which it originates. The cyst contents, varying in character and consistence, arise from serous or hemorrhagic effusions or from the secretions of altered glandular structure.

Cysts of *dilatation* are the result of morbidly increased secretion into previously existing closed cavities. Cysts of *retention* originate from the closure of a gland duct, the secretion collecting behind the obstruction. Cysts of *exudation* or *disintegration* are caused by the metamorphosis of exuded matter in a defined region of a solid organ. Similar cysts may arise from the formation of cavities caused by like processes going on within the substance of neo-plastic growths. Cysts of *extravasation* may result from hemorrhagic effusions into closed sacs. Dermoid cysts are those of vicious development, and may be regarded as due to epiblastic cells, which, having wandered from the normal site, undergo mal-development. Cysts may be due to *new tissue formation* around a parasite or foreign body lodged within the tissues. Any of the above-mentioned varieties of cysts may possibly occur in the ovary or uterus, but ordinarily we have to deal with cysts of *dilatation*, *retention*, *exudation* and dermoid tumors; of these four, cysts of dilatation and dermoid tumors are found most often in the ovary. The various varieties may be severally divided, each tumor according to its structure, into simple or unilocular cysts and compound or multilocular. Pathologically considered, the unilocular cyst of the ovary is made up simply of a dilated dropsical ovisac with its envelope of fibrous tissue, lined with endothelium and enclosing contents readily distinguishable from the cell wall. This condition either remains intact or the tumor may become complex from the appearance of partition walls dividing the parent cyst into many smaller and similarly constituted subdivisions; in this proliferative state the tumor becomes the type of the true cystadenoma and may either remain such, reaching an



enormous size and jeopardizing life, or undergo still greater comparative subdivision of its more or less complex fibrous matrix until we are no longer dealing with characteristic cysts, but rather with the pathological conditions peculiar to sarcoma, fibroma, carcinoma, papilloma, or pseudo-colloid growth. The cystadenoma, however, or multilocular cystoma is made up of a multitude of large and small cavities, the walls of which consist principally of fibrous tissue as a frame work; interspersed throughout the meshes of this tissue appear with considerable regularity soft marrow-like masses containing a tubulated structure lined with elongated cylindrical epithelium in a scanty fibro-cellular stroma. The accumulation of a clear or turbid, ropy and variously tinted secretion within these glandular tubules with the consequent dilatation produces a new cyst, thus exemplifying the early development of the original tumor itself. We classify under the head of dermoid cysts those having on the inner surface of their wall a structure similar to or identical with that of normal skin. They present, on dissection, an appearance like that of the Graafian follicle, but are easily distinguishable from the latter in that the contents are more or less solid, greasy, of a light yellow color, and interspersed with hair. The wall is thick and firm, having in the larger varieties a dense fibrous capsule; like the skin it has an epidermis and corium with modified sebaceous and sudorific glands and with hair follicles. Sometimes, but not often, the cyst contents and even its wall will be found to contain cartilage, bone and teeth. They undoubtedly have the same primary origin as the external skin, contain germinal cells which, during foetal life, having wandered from their proper sphere, lie dormant, undergoing, however, active development in later years.

*Chemical Contents.*—Considering first, under this head, physical characteristics, we find that the fluid in ovarian cysts may be either a clear albuminous, serous liquid or a thick gelatinous substance; its specific gravity may vary from 1007 to 1062; it almost always contains a sediment; its reaction is alkaline; its

color may vary—may be light, light-brown, or an intense black; its odor is also variable and, in many cases, may be purulent and offensive; its transparency and consistency vary. It can be seen, therefore, that there is little help for diagnosis to be obtained from examination of the physical characteristics of the cyst fluid. Garrigues holds, however, that this much is of importance: a typical ovarian fluid is almost always viscid, its specific gravity is higher than that of the fluid of a broad ligament cyst, and, as a rule, it does not coagulate spontaneously.

The constituents, from a chemical point of view, which go to make up cystic fluid are: water, salts, organic matter. The amount of organic matter may vary from 0.25 to 14.0 per cent.; the salts generally average from 0.7 to 0.9 per cent. The organic matter consists chiefly of proteids, fatty matter and cholesterol; the salts are about the same as those of blood-ash. The proteid principles are of chief importance and consist of serum albumin, paraglobulin, sometimes fibrinogen, paralbumin, metalbumin, mucin. Colloid matter is also found. Some attention may, with profit, be paid to each of these principles in detail: Serum albumin is coagulated by a heat of 73°C. (163.4°F.), by strong mineral acids, but not by sodium chloride, organic acids, nor dilute mineral acids; paraglobulin (also called serum globulin and fibrinoplastic) is not soluble in water, but in dilute saline solutions. Is precipitated by alcohol and also by a stream of carbonic acid gas; fibrinogen (also called metaglobulin) resembles paraglobulin in solubility and reactions. It is coagulated by heat at a lower temperature than required for paraglobulin. A solution containing paraglobulin and fibrinogen is coagulated on addition of one containing fibrin ferment. They are both precipitated by magnesium sulphate. Paralbumin and metalbumin are found so often in ovarian cyst fluids as to merit considerable attention. Paralbumin has been thought to be of diagnostic significance in doubtful cases. Its composition, however, is ill understood. Scherer found it to consist of 51.8 per cent. carbon, 6.9 hydrogen, 12.8 nitrogen, 26.8

oxygen, 1.7 sulphur. He deems the ropiness of ovarian fluids due to this substance together with metalbumin. Whatever may be its ultimate composition it seems to consist of albuminous substance associated with a body resembling glycogen and capable of being converted into a substance giving the reactions of dextrose with copper. Different observers report different properties and reactions for paralbumin :

Scherer (according to Thornton quoted by Garrigues) discovered that paralbumin is soluble in strong boiling acetic acid. Scherer is also quoted by others as saying that paralbumin is not precipitated completely by boiling even after addition of acetic acid.

Huppert says that paralbumin does not separate in boiling from a solution to which acetic acid has been added, but merely becomes milky.

Schutzenberger, in his classification of albuminoids, puts paralbumin down as soluble in water, not coagulated by heat alone but by heat and acetic acid combined.

We find in Gmelin the following : Paralbumin is not thrown down as a solid coagulum by heat, but it either does not coagulate at all or else converts the liquid containing it into a thick, whitish mass, which forms an opalescent liquid with water. It is less easily coagulated by alcohol after addition of acetic acid than albumen, and the coagulum formed after prolonged washing with alcohol re-dissolves in water of 35° C. to 40° C. Mineral acids throw down paralbumin from its solutions, the precipitates being easily soluble in excess of moderately dilute acids. Paralbumin is not precipitated by sulphate of magnesia; alcohol precipitates it, the precipitate being soluble in water. Acetic and carbonic acids precipitate it, especially from hot solutions. Nitric and chromic acids, mercuric chloride, subacetate of lead and tannin all precipitate it.

Ralfe says that paralbumin is precipitated from its warm solutions by carbonic acid gas but not by magnesium sulphate; it is coagulated by nitric acid but the precipitate re-dissolves in strong acetic acid. He thinks both paralbumin

and metalbumin may be intermediate products of the transformation of proteid substances into mucoid or colloid matter.

*Metalbumin* closely resembles paralbumin. It is soluble in water, coagulates from its aqueous solutions on addition of acetic acid; is precipitated but not coagulated by alcohol; is with difficulty coagulated by boiling. It is not precipitated by mineral acids, but on mixing with excess of acid it becomes of semi-fluid consistency. Potassium ferrocyanide renders it cloudy but does not precipitate it. Ralfe thinks it perhaps more closely related to mucin than paralbumin is.

*Mucin* is found in some cysts but not in all; it is the most variable of all the organic constituents. It is not coagulated by heat and normally contains no albumin. It is insoluble in cold water but freely soluble in alkaline solutions, from which it is precipitated in strong masses by acetic acid, the precipitate not being dissolved by sodium sulphate; it is precipitated by alcohol and alum, soluble in excess of the latter. Its solutions are not precipitated by heat or mercuric chloride, or potassium ferrocyanide and acetic acid. In some cysts of jelly like consistency a substance is found which has been termed by Gautier colloidin. This body is soluble in water and not precipitated either by metallic salts or mineral acids, but precipitable by tannin and by alcohol.

As to the clinical significance of the chemical constituents opinions vary: Atlee thinks the discovery of great excess of albumin valuable in confirming a diagnosis of ovarian disease; Westphalen thinks the test for paralbumin and metalbumin unreliable; Koeberle bases his diagnosis on the presence of paralbumin (and Bennett's corpuscles); Péan thinks well of chemical examination of the fluid in connection with other means of investigation; Garrigues, after quoting the above mentioned authorities and stating his own experience, expresses little confidence in chemical tests. A glance at the usual methods of testing employed may serve to throw some light on the causes of variance :

Test 1. Filter the ovarian fluid and pass carbonic acid gas through it and

the paralbumin comes down in flocks. Most physicians have doubtless read of this test in several of the standard works and deemed it complicated on account of the necessity of an apparatus for generating the carbonic acid. This is not at all a formidable objection, but the test itself is without value, inasmuch as carbonic acid gas precipitates other cyst proteids besides paralbumin. If the test were made on an aqueous solution of paralbumin alone, especially if hot, it would be decisive, but in the case of a fluid so varying and complex in character as ovarian fluid this test is far from satisfactory; moreover, it would yield a precipitate in fluids other than ovarian.

Test 2. Acidulate the ovarian fluid with acetic acid, boil and a coagulum is formed; if this coagulum is wholly or mostly dissolved by boiling with double the amount of strong acetic acid, paralbumin is present. In other words an amount of acetic acid double in volume to that of the cyst fluid used will dissolve the paralbumin coagulum when heated with it to boiling. This test has been recommended by Spencer Wells; Garrigues condemns it, affirming that in five cases where the fluid was ovarian the coagulum was undissolved by excess of acetic acid, while in three cases of ascites the coagulum was more or less completely dissolved. This test is the best simple test that we now have; in an ovarian fluid if the paralbumin is in excess of other similar proteids it will work successfully, especially if after coagulating with heat the precipitate is allowed to settle, the supernatant liquid drained off and the coagulum then thoroughly boiled with acetic acid. It is doubtful, however, whether this test can be deemed an infallible guide to diagnosis. Both metalbumin and paralbumin have been found in the contents of renal cysts as well as ovarian; moreover, according to Garrigues, ascitic fluid will give the reaction sometimes.

Test 3. According to MacMunn several specimens of ovarian and parovarian fluid gave the same spectrum, that of acid haematin; viz: a band between C and D, nearer C, another between D and E; on adding ammonium sulphide to this fluid the bands of reduced haematin appeared at once. Unfortunately

for this test a fifth ovarian fluid failed to give any spectrum whatever.

It will be seen then that there is at present no simple sure and easy method which will enable us chemically to distinguish between the fluid of an ovarian cyst and the contents of a cyst of another organ. If the solid constituents be above that of ordinary blood serum we can say positively that the fluid is not ascitic, otherwise an examination of the whole constituents of the fluid must be made (Ralfe). Method of complete analysis:—Ralfe recommends the following process for making a complete analysis: evaporate a weighed portion of the fluid to ascertain proportion of water and solids, and incinerate the residue to determine the saline constituents; ascertain the reaction; determine the proteids by precipitating from a weighed quantity of the fluid the paraglobulin and fibrinogen if present, by precipitating with magnesium sulphate; remove precipitate and acidulate filtrate with a few drops of dilute acetic acid, and coagulate the serum albumin with heat. After removal of the proteids evaporate the filtrate to dryness, extract with ether to remove fatty matter and estimate the latter. Examine a fresh sample of the fluid for paralbumin and metalbumin.

The above is merely an outline of the course to be pursued and pre-supposes knowledge of the processes involved.

Paralbumin may be identified by the isolation of the reducing body in it; Hoppe Seyler's method is to mix the cystic fluid with an equal volume of a saturated solution of sodium chloride and so much hydrochloric acid that one gramme of the latter is contained in one hundred cubic centimetres of the former. In this manner the albuminous part of the paralbumin is very completely precipitated after being converted into syntonin while the reducing body remains in solution; the liquid is separated from the precipitate by straining and filtering, lastly neutralized and evaporated to a small bulk, then filtered from the sodium chloride which separates and from some albumin which may remain, next precipitated by a large quantity of alcohol and washed. Lastly, the substance is redissolved in water, warmed, filtered and reprecipitated with

alcohol. The substance thus obtained dissolves in water with a milky opalescence, is insoluble in alcohol, is turned brown by alkalies and yellow by iodine, and when boiled with dilute sulphuric acid reduces cupric oxide and bismuth oxide.

Before concluding the consideration of the chemistry it must be said that according to Garrigues ovarian fluid has a wonderful capacity for keeping, resisting decomposition for a long time and thus differing from ascitic fluid; when present this character has diagnostic value when absent none. The writer has found this true in his own experience. A cyst fluid recently examined in the chemical laboratory of the Chicago Homœopathic Medical College by the writer gave the following reactions a week after the operation, being in excellent condition: with alcohol and with mercuric chloride, heavy precipitates in each case; with nitric acid a precipitate not so heavy; with lactic acid a precipitate not as heavy as with nitric acid, but completely disappearing on standing twelve hours; with distilled water a distinct turbidity; with acetic acid a turbidity less than that produced by the distilled water; with ordinary phosphoric acid the fluid cleared up. It must be said, however, that the fluid contained a considerable amount of blood. The test for paralbumin recommended by Wells—test no. 2 of this article—was entirely unsuccessful. In a second specimen of ovarian fluid examined by the writer test no. 2 gave a doubtful result. I devised however a method of testing which proved more successful, based on the statement in Ralfe's Chemistry that paralbumin is coagulated by nitric acid, the coagulum being soluble in strong acetic acid: procure a test tube not over  $\frac{1}{2}$  inch in diameter, pour in a fluidrachm of ovarian fluid and let one or two drops of strong nitric acid carefully trickle down the side of the tube. As the acid sinks through the fluid it coagulates the paralbumin, forming a well defined "clot." Shake the tube gently to accelerate the separation of this clot, and when the latter has settled pour off the supernatant fluid, leaving the clot. Next pour in strong (glacial) acetic acid, filling the tube say half-full. Close the thumb over

the mouth of the tube, shake thoroughly and the clot is wholly or mostly dissolved. Use acetic acid of at least 1065 in specific gravity and avoid obtaining too large a clot with the nitric acid.

*Microscopical Constituents*.—The microscopical examination of fluid removed from a suspected ovarian cyst is fully as important as any other one step in the thorough examination of the patient, notwithstanding the fact that as yet no pathognomonic element has been discovered. Indeed it is doubtful whether such a one ever will be found, for, as there are general pathological laws underlying the special morbid changes which occur in different diseases, so it seems reasonable to suppose—nor is it contrary to known facts—that general pathological laws govern the changes which result in the formation of cysts.

(To be continued.)

## REMITTENT FEVER.

BY

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**DEFINITION.**—A continued fever, characterized by daily remissions and exacerbations. The inception of the fever is preceded by a chill of more or less severity, but which rarely recurs. The fever of the first stage is generally intense, accompanied by violent headache, gastric irritation, and functional disturbance of the liver.

*Synonyms.*—Bilious remittent, bilious fever, gastric malarious remittent, acclimation fever.

*History.*—This is a disease of both hot and temperate climates, but is more fatal and severe in districts where a high temperature and malaria both prevail. It is endemic in the East and West Indies, and prevails to a greater or less extent over the American continent, from the Gulf of Mexico to the far north, as well as in all temperate and tropical climates. It is intense on the west coast of Africa, and in South America, and along the course of the great rivers.

*Cause.*—The same cause that produces intermittent fever, produces remittent, viz., the bacillus malarie. Remittent fever however requires a higher range of



temperature to develop its characteristic symptoms, than intermittent. For that reason, the gravest forms of remittent fever are found in southern latitudes. Further north, or even in the south among the highlands, the same malarious influence will cause the fever to assume more frequently an intermittent form. It will sometimes occur, as I have frequently observed in my own practice, that a remittent fever will terminate as an intermittent, and occasionally a remittent will begin as an intermittent. Cases of this character will however generally be found to have been improperly treated.

*Symptomatology.*—The symptoms in an ordinary uncomplicated case of remittent remittent fever, will be first of all, a chilliness alternating with flashes of heat running up and down the spine, and extending to the extremities, but not amounting to a pronounced chill, with shaking and chattering of teeth, as in intermittent. Accompanying this chilliness will be a heavy oppressed feeling in the stomach, with nausea and vomiting. These symptoms may come on with little warning, but the attack is generally preceded for a day or two by a feeling of weariness, more or less headache, loss of appetite, and restless nights. This stage of chilliness is however accompanied by a rise of temperature, the thermometer indicating an increase of two or three degrees, which, as the cold stage passes off, and is succeeded by the hot stage, reaches  $105^{\circ}$  or  $106^{\circ}$  Fahr., or in severe cases, even  $108^{\circ}$ . I have in mind a case of a lady in which the temperature was  $106^{\circ}$  for five days, and one day reached  $107^{\circ}$  Fahr., and she made a good recovery. This chilliness is succeeded by the onset of fever, which runs from 6 to 24 hours, and as the temperature rises, the skin becomes hot and dry, vomiting continues, which does not always relieve the feeling of fullness and weight at the epigastrium. The tongue is coated and, as the disease advances, becomes dry. This coating is at first white or yellowish white, and the tip and edges of the tongue are smooth and red, and free from coating. The pulse is full and bounding, but seldom rises above 120 beats to the minute. At this stage the countenance is flushed and

hot, and the eyes suffused and glistening. The back and limbs are tortured with wandering pains, the head is full to bursting, and the patient tosses from side to side, vainly seeking rest. The oppression and tenderness over the region of the stomach become more marked, and in some cases the vomiting is more obstinate, amounting now to black vomit. There is generally great thirst, and the urine is scanty and loaded with urea. The above symptoms continue from six to twelve hours, when the remission begins, and the symptoms abate. The temperature falls, the pulse decreases, the thirst diminishes, and a slight perspiration extends over the surface of the body; the headache almost ceases, and the patient falls into a refreshing sleep.

During this period of remission, however, neither the pulse nor temperature fall to the normal standard. After a lapse of from four to twelve hours, but seldom as long as twelve, the fever returns, sometimes preceded by a slight chilliness. The above symptoms all appear in a more intense form, and sometimes with the addition of delirium. This second exacerbation as it is technically called, is more severe in every respect than the first, and is of longer duration. In some cases the vomiting of this stage is a marked feature. A large quantity of watery fluid may be ejected, succeeded soon by a greenish yellow discharge, from the bile regurgitating into the stomach. A yellow tinge pervades the skin and scleroticæ, and should the case occur in a tropical climate, the physician may be startled with a possible case of yellow fever. This second exacerbation is followed by a remission of still shorter duration than the first, and thus the exacerbations and remissions follow each other, either growing more severe, until the fever either assumes the continued type or the fever declines, and in some cases breaks up as an intermittent. The fever may break about the fifth day, or may continue until the ninth. If however it should continue beyond the tenth day it becomes continuous, and the patient sinks into a typhoid condition, which is sometimes mistaken for typhoid. The skin is harsh and dry, the tongue is dry and

leathery, and the coating is brown; the lips are cracked and black, and the teeth covered with sordes. A diarrhœa may set in which will be dark and watery, sometimes involuntary, and is difficult to control. The patient complains of great debility, and all the symptoms are of a grave character. This condition may continue for a week or two, when a marked abatement of the symptoms may occur, and the patient proceed slowly to recovery. If on the other hand the case is to have a fatal termination, the typhoid symptoms increase in severity, and meningitis, pneumonia, or other inflammatory disease may terminate the case, or the patient may die from exhaustion. Or, the fever may gradually subside, the remissions becoming more distinct and longer, and the exacerbations less severe, the skin becoming moist and soft, the tongue gradually cleaning, and the patient has a comfortable convalescence. In this manner the greater portion of cases terminate. Other cases may terminate as intermittent, as mentioned before. As sequelæ may be mentioned, chronic hepatitis and splenitis.

The duration of an attack of uncomplicated remittent fever is from nine to fourteen days, and in some cases where proper treatment has been used at once, but five days. Severe cases may last three or four weeks under bad management.

*Differential Diagnosis.*—From intermittent it may be distinguished by the more pronounced chill which precedes intermittent, and by the fact that the chilliness of a remittent rarely recurs after the first paroxysm. In the intermittent there is an interval when the patient is free from fever, but in remittent there is no time when the thermometer indicates a normal temperature. From typhoid or enteric fever, it may be distinguished by the more sudden onset of the remittent, in contrast to the insidious approach of typhoid. The prodromatous stage in the latter will be found to have been of some duration. The patient will have complained for some days of languor, listlessness, headache, and loss of bodily and mental vigor, with possibly epistaxis, and some gastric and abdominal tenderness, which will not be found in remittent.

From yellow fever the diagnosis is more difficult, and in the early stage of an epidemic of yellow fever, the mistake is sometimes made. The fever in yellow fever is continuous, while that of remittent is paroxysmal. The pain in yellow fever is confined mostly to the back and calves of the legs, while in remittent it is general. The eyes in yellow fever have a peculiarly brilliant appearance, and the headache is severe above the eyes. In yellow fever the urine is albuminous, and there is frequently hemorrhage from the stomach, neither of which are found in remittent. Death may occur on the third day in yellow fever, but the severest case of remittent can hardly terminate fatally before the seventh or eighth.

Pyæmia may be mistaken for remittent, as when purulent accumulations occur in the liver or kidneys. In these diseased conditions the local disturbance may be insignificant, and the disease be attended with a rigor, and a rapid rise of temperature to  $104^{\circ}$  or  $105^{\circ}$ , followed by a remission, and accompanied by furred tongue, nausea, thirst, etc.

From relapsing fever by the marked interval of freedom from fever, with two or more relapses, and its contagiousness.

Acute tuberculosis may sometimes be mistaken for remittent, but the rise of temperature at night, followed by night sweats, and the freedom from fever during the day; the rare occurrence of rigors, and the local sign of trouble at the apex of one lung, will serve to distinguish to a careful diagnostician.

Murchison mentions among diseases that may be mistaken for remittent, ulcerative endocarditis, and arteritis, lymphadenoma, syphilitic fever, and hepatic fever.

*Pathological Anatomy.*—The pathology of remittent fever is such as is applicable to all forms of malarial fever. The gastro-duodenal tract shows evidences of irritation, being congested and swollen. The Peyerian patches are congested, and in severe cases may be ulcerated. According to Morehead nearly all cases examined showed enlargement of the lymphatic glands, situated near the entrance of the common biliary duct into the duodenum. Enlargement of the spleen is found, but not to the extent as in intermittent. The

lessened effect upon this organ is probably due to the infrequent cold stage of remittents, for it has been observed that in the cold stage of intermittents the spleen sometimes becomes greatly enlarged, and decreases in size after that has passed.

The liver is sometimes enlarged, and almost uniformly of a bronze color. This color may change to a dark or olive green within the organ.

*Prognosis.*—It is rare that anything but a favorable prognosis need be given in remittent fever. Even in tropical or semi-tropical climates I doubt if deaths are much more frequent under Homœopathic treatment than in more northern latitudes. From an experience of nine years in the semi-tropical of Florida, I can truly say that except in cases that have been neglected and allowed to develop marked cerebral, gastric, or pneumonic symptoms, or that occur in a person worn and debilitated, death rarely takes place. Even cases that appear hopeless may be transported in a few hours by the carefully selected remedy beyond the danger point. What these remedies are will be indicated under the proper heading. Kippax in "Lectures on Fevers," incorrectly states that a fatal termination is of frequent occurrence in the southern states.

*Therapeutics.*—The remedy of first importance in remittent fever is bryonia, and in a very large majority of cases there will be very little necessity of giving more than one or two others during the course of the fever. The provings of bryonia show it to be an irritant, not only of both serous and mucous membranes, but of the muscular tissue, and chief viscera. It will be found to act best on persons of the so called bilious temperament; those with dark complexion, dark hair, and irritable disposition, although I frequently find it to act well on persons of light hair and complexion, when there are other well marked bryonia symptoms. The following is the bryonia fever, according to Dunham: "The headache is a splitting pain through the temples, and at the same time and more severely, in the occiput. Oppression at the pit of the stomach and tenderness there; vomiting of food, mucus, and bile, stitches in

the hypochondriæ, and soreness and tenderness in the hypochondriac region, along with dry cough, and decided constipation, without any desire for evacuation of the bowels, are present. Together with these local symptoms, there are frequent short chills, alternating or mixed up with heat of the body; a pulse small and frequent, but somewhat hard. Add to the above, a slimy and bitter taste, aversion to food, pain in the back and limbs, much aggravated by touch and motion, together with dullness of the sensorium, and aversion to noises and mental exertion, and we have a picture of the form of fever, for which, whether remittent or intermittent, bryonia is appropriate." Bryonia is particularly indicated at the beginning of an attack, during the first week, although as I have before stated, it may be called for during any stage. In the bryonia fever the exacerbations are toward and during the night, and the remissions are not very distinct. The headache is a painful pressure, or a tearing, and relieved by lying quietly. If delirium is present it is likely to be about the events of the day, or business affairs.

The tongue is coated with mucus, and the taste is nasty or bitter. The bowels are either constipated, or else there are occasional diarrhœac passages, of a dark brown color, and mixed with mucus. The origin of the fever is a cold, eating improper food, and occurring during the heat of the summer.

*Gelsemium.*—This remedy will be found of great value in cases of remittent, which are characterized by a feeling of torpor and heaviness. There is great prostration of the vital forces, and a want of muscular power which sometimes amounts almost to paralysis. There may be jactitation of the muscles, and trembling from weakness.

The pains in body and limbs are severe, accompanied by fever and chilliness with lassitude. The pulse is full and soft, but not rapid, and the tongue moist and covered with a white fur, or it may be clean, but red and raw, and sticky and clammy. The face is flushed, and the head feels large and full. With these symptoms well marked, particularly the loss of muscular power,

gelsemium will generally terminate a case of remittent within a few days. In infantile remittent, Ludlam, Hughes, and others, have found it to be of the greatest value.

*Belladonna*.—When the symptoms indicate a tendency to congestion of the brain; intense headache, with sharp, shooting pains in the back or top of the head; the head feels full to bursting; the eyes are brilliant, and the pupils dilated; the pulse is large, full, and bounding; the tongue is red at the edges, and white in the centre, and dry.

*Baptisia*.—When after the first week there is a typhoid condition threatening; the tongue is white or yellowish brown in the centre, with red edges; there is great restlessness and a sensation of a second self; the head feels as though scattered over the bed, and the patient tosses about to get the pieces together; the headache is stupefying, and there is great listlessness, with inability to talk from a feeling of stupor; there is gurgling and slight tenderness in the right iliac region, and the stools are yellow or dark, and offensive; there is a feeling of prostration, with soreness of the muscles and the heat of the body is pungent and dry; the speech is thick, and the tongue feels swollen; sordes collect on the teeth, and there is sinking at the stomach. Hughes and others consider that baptisia given persistently during the period when these typhoid symptoms prevail, will very materially modify if not blight the course of the disease.

*Eupatorium perf.*—This is adapted to remittent: in which there is severe gastric and intestinal irritation. Dr. Carroll Dunham gives the following symptoms, as characteristic of this remedy; "Intense headache with soreness of the scalp, soreness of the eyes, redness of the face, nausea and prostration, soreness in the region of the liver, constipation, and high colored urine." The distinction between bryonia and eupatorium as given by Dunham, are, that the perspiration is free with bryonia, deficient with eupatorium; the eupatorium pains make the patient restless, those of bryonia make him keep very still.

*Specac.*—In the early stage when there

is great gastric disturbance, loss of appetite and moderate fever; disgust for food with nausea and vomiting.

*Mercurius*.—This will be found useful during the first week, in delicate persons; the face and eyes are yellow, and the tongue is lined with white mucus, or thick yellow coating; there is tenderness over the gastric and hepatic regions; the stools are copious, and consist of bile and mucus, and sometimes blood; the fever is intense about midnight, and will be followed or accompanied by a clammy fetid perspiration.

*Nuxvomica*, is useful in the early stages, in the sanguine temperaments; the patient is irritable and intolerant; the mouth is bitter and pasty; tongue coated yellow, pain in the stomach, and sometimes desire to go to stool, without being able to accomplish much; sensitiveness to the open air. This remedy will also be found useful in the stage of convalescence to promote the appetite, and bring about a healthy condition of the digestive organs.

*Opium*.—When a comatose condition comes on; the patient lies with eyes half open, and is aroused with difficulty; there may be wild delirium or speechlessness; face dark red and congested; respiration stertorous and sighing; threatening paralysis of the brain; tongue dry and black; involuntary stools or constipation. Hahnemann gives it as a specific "for acute cases characterized by a sopor bordering upon stupor, and by absence of any complaint; snoring with the mouth open, half jerking of the limbs, and burning heat of the perspiring body."

*Khus tox.*—The patient is restless and uneasy, and motion gives temporary relief; prostration with desire to lie down; dry burning heat with intense headache, and stiffness of the nape of the neck, which is worse on motion; the head feels dull and swollen; tongue coated with a yellowish-brown fur, or is red and pointed; diarrhœa which may be involuntary; epistaxis. I have repeatedly found that when typhoid symptoms supervene during a remittent, that rhus given immediately will cause a marked improvement within twelve or twenty-four hours.



*Pulsatilla*.—When during the first stage chilliness predominates; great aversion to food, and little or no thirst; bitter pasty taste in the mouth; tongue coated white, with nausea and vomiting of mucus and bile; stools preceded by pinching pains, and are worse at night. *Pulsatilla* is more suitable to women and children, than to men. It is best suited to the lymphatic constitution, whether found in man or woman.

*Hyoscyamus*.—Dr. Wurmb says "Hyoscyamus is indicated in those fever cases in which torpor of the entire organism predominates. The patients have a dull fixed expression of fear, delirium is lacking, or if present it consists of a confused farrago of complex images; the perceptive faculty is almost suspended." From this it will be seen that it is applicable when the fever assumes a typhoid character. The patient has hallucinations, and attempts to get away. There may be entire unconsciousness, or he may reply to questions, and relapse at once into a stupor. There will be muttering with picking of the bed-clothes and great restlessness; the eyes sparkling, red, and staring, and the tongue red or brown and cracked, and the rest of the mouth clammy. The odor from the mouth is cadaverous, and the urine and fæces may be passed involuntarily. Sleeplessness or constant sleep, with grating of the teeth, jerking of the muscles, and coma vigil.

Diet. The question of diet is of great importance. While the patient will not crave food, it may not be best that he should altogether abstain. No solid food should be taken, and what is given to the patient, should be of the simplest character. Rice gruel, oat meal gruel, milk, and sometimes buttermilk, may be allowed. Milk, however, must be carefully used, as in some cases it seriously disagrees. One of the best articles of diet for remittent is, Imperial Granum. It is very nutritious and easily digested. Patients will frequently crave articles of food which have a sharp flavor. These must be forbidden, as they will be sure to make the patient worse. All food given during fever and convalescence must be of a liquid character, and in small quantities, and plenty of cool water may be allowed. Ice may be dis-

solved in the mouth, but water *ice cold* must not be given. The smallest amount of solid food given before convalescence is fully established, may cause a relapse. Stimulants are not necessary during either fever or convalescence, unless there should be great prostration. A patient who has been properly nourished will not require them.

#### SOCIETY MEETING.

The Maryland Homœopathic Medical Society held a very harmonious and enjoyable session on October 20th. The following were elected members: Drs. Marburg, Brewer, N. W. Kneass, John Goucher, Ira L. Fetterhoff, M. N. Lehmayr, Wm. H. Condon, Elizabeth P. Marshall, Ewd. Conlyn, W. C. Karsner, Nellie V. Mark, Alice S. Parkhurst, and I. M. Carter. The evening session was the largest attended of any Homœopathic Convention any State Society has ever had in Maryland; and was devoted to the business standing and future government of the Society. The secretary has since the adjournment received a number of new applications for membership, and we expect to have all of the most prominent Homœopaths in the counties with us as members at the next session which will be held in January, '87. A number of papers of an interesting and instructive character will be read, and it will be the effort of all of the members to enjoy a literary treat, and possibly a gastronomic feast in *addition*. The officers for the ensuing year are as follows: President, Joseph Lloyd Martin, M. D.; first Vice President, N. W. Kneass, M. D.; second Vice President, Thos. E. Sears, M. D.; sensors, Henry Webner, M. D.; Edw. S. Conlyn, M. D.; and Nellie V. Mark, M. D.; Secretary, Irving Miller, M. D.; Treasurer Thomas Shearer, M. D.

#### BOOK REVIEWS.

THERAPEUTIC METHODS.—By JABEZ P. DAKE, M. D., Boston: Otis Clapp & Son, 1886.

We all know that fiery war horse, and therefore the single name of J. P.

## ABSTRACTS

Dake suffices to rouse our inquisitiveness and we want to know with whom he now intends to break a lance. The work is dedicated to R. E. Dudgeon of London, a worthy champion of the cause of Homœopathy in the old country, and the team could not be better matched. How clearly Dake shows that antipathy and allopathy act at most only palliatively and that exceptionally one might be driven to it. Dake is not in favor of isopathy, and though cures are recorded, they remain questionable as facts; and this plain *Similia similibus curantur* remains the Shibboleth for the healer.

At a meeting of one of our medical clubs Prof. T. F. Allen lately said, that symptom steadily observed in one and the same prover is not only valuable, but has the same right to be adopted in the pathogenesis as if it had been observed by many provers. This clashes with Dake's rules; but exceptions stand sometimes firmly intrenched in spite of all rules—Where does the medicinal law end? This dynamical or vital test can never be absolutely solved, because life will forever remain a mystery and it seems from the reading of his posology that even Dake, as well as Hughes, considers the question of potencies an open one, and still Hahnemann taught already that facts must decide that question and facts have decided it by the certification of men whose authority is acknowledged in both hemispheres. If the healthy human organism responds to the influence of drug attenuations in which chemistry and microscopy may scarcely detect drug-presence, (4, page 173) how far higher must be that susceptibility in the suffering human organism!

The language at page 96 is rather sharp and undeserved, for some well informed people who never disgraced the art of healing, make use of nosodes, and cured with them cases which baffled all other means. Why so wrathful, my dear old friend?

In certis unitas; in dubiis libertas; in omnibus caritas.

We thank the author for these pages, which can be read with profit by members of all schools, and may this work find a home in the library of every physician.

**SURGERY OF THE GENITO-URINARY ORGANS IN CHILDHOOD.** DE FOREST WILLARD, M.D. *Phymosis*.—An adherent and contracted prepuce is a normal state at birth in all male infants, or to speak more correctly, adhesion is always present, with apparent contraction.

This condition is doubtless due to an interlacing of the network of fibres in the protoplasmic cells of the rete Malpighii, which cells harden about the time of birth.

True contraction is rare during early infancy, and the adhesion at this time is very slight. The latter becomes more firm with advancing years, but is usually relieved by the boy's own manipulations before he reaches the age of ten. The retention of smegma or a slight balanitis may also convert a seeming contraction into a true one.

This retained smegma, as a rule, seems to result in no serious injury, but in a considerable number of cases the irritation produced by the hardened masses not only conduces to priapism, dysuria, symptoms of stone, cystitis, general mal-nutrition, and nocturnal incontinence, but also to paresis, chorea, convulsions, and various reflex nervous phenomena.

The long, narrow foreskin of a child at first gives the appearance of contraction, but if the skin be gently and patiently pressed backward for a few moments the opening, almost pin-hole at first, will be seen. As the prepuce recedes upon the stiffening member, the meatus will appear. Often the adhesion will be found to commence just behind this orifice, but no instrument other than the operator's thumbs will be required. The force requisite to peel off the rind of an orange will speedily strip the prepuce from the glans and carry it behind the corona, when the smegma can be removed and an emollient ointment applied. Restoration of the prepuce to its original position should be accomplished before turgidity of the glans occurs. In case of delay or difficulty, a couple of probes or hair-pins answer admirably for sliding the skin back into position.

The use of a probe or grooved direct-

or to tear up the adhesions is rarely though sometimes necessary. Dilatation by dressing forceps or special phymosis forceps is only occasionally required. Uterine dilators, tracheotomy forceps, and various forms of instruments specially constructed have been used for this stretching process, but as one increases in dexterity from practice he will find them of but little importance, as stripping by the thumbs is ordinarily easily accomplished.

Slight œdema, and painful micturition will follow this operation for a few days, but emollients are sufficient for relief. A hot hip-bath will greatly facilitate the passage of urine. Retraction and cleansing should be persistently employed thereafter, and the nurse instructed that daily attention is to be practiced. Later the patient should be taught to wash the penis just as he washes his face and hands for cleanliness sake.

There are many who deny that reflex phenomena are caused by phymosis, but the proofs are too positive to admit of disbelief, and Sayre deserves much credit for emphasizing the importance of this adhesion in the production of ataxic conditions. One may well differ from him as regards the remedial measures required, but not as to this causal element in muscular inco-ordination.

I have before contended\* and still maintain that the most perfect penis and the one least liable to disease or to induce masturbation is one in which the prepuce moves freely over a normal glans, and that this can be secured in nearly all young children by the simple stripping already described. In a few cases, when this result is not attainable, circumcision may become necessary; and when failure to produce the desired freedom occurs, I do not hesitate to practice the more severe operation. In large boys and in adults all the circumstances are different, and dilatation is rarely beneficial without removal of the foreskin; but in infants and in boys from two to eight one need rarely ask for better results than are secured by the thumbs alone.

Dr. Ellwood Wilson, who for many

years has had one of the most extensive practices in this city, recently informed me that he had employed stripping of the glans since my recommendation of the operation in 1883, and that he has now acquired such dexterity of manipulation that he could uncover the glans in almost every young child without the use of any instrument. He now rarely resorts to circumcision, although he formerly practiced it largely. His experience coincides with that of all who have tried the plan. Until the surgeon has acquired this skill, it will be well for him to retract the fold as far as possible, and while holding it firmly in this position to sweep a probe around the circumference of the head, thus loosening the anterior adhesions. Retraction, which before seemed impossible, will now be a simple matter, since it is the adhesions that produce the apparent contraction. The operation may be done as early as the second day of life.

The retention of the head of the organ beneath the foreskin is said to debar the individual from the full enjoyment of sexual intercourse in later years, but as there does not seem to exist any crying need for incentives in this direction, and as the obtunding influence of friction upon the exposed epithelium is similar in its action and especially as there is no need of any glans being covered provided early stripping is practiced, I still believe that a non-adherent prepuce is the healthiest condition. Moreover, a glans covered by a freely sliding foreskin is certainly better capable of appreciating the sexual orgasm than one that is calloused. A penis with blunted sensibility is sometimes driven through the recto-vaginal wall during coition.\* Cold water used daily is also more helpful than circumcision in the prevention of disease.

Contraction of the meatus which so often results from friction upon the delicate surface after circumcision is almost as productive of brain irritation as is the accumulation of smegma.

Otis writes† that a contracted meatus may cause serious mental depression, epilepsy, loss of muscular power, etc.,

\* *Jour. Amer. Med. Assoc.*, June 5, 1886.

† Transactions American Dermatological Convention, 1884.

\* *Phila. Medical Times*, June 30, 1883.

which symptoms have all been relieved by enlargement of the narrow orifice. Denslow\* also reports epilepsy, general depression, melancholia, feeble locomotion, etc., as cured by stretching of a contracted meatus.

It has already been stated that circumcision is occasionally necessary in children and frequently in adults. The rule should be to expose the glans freely for cleansing purposes whenever the slightest irritation arises. This condition should be secured by a cutting operation provided the simpler method fails.

In skillful hands this will be at rare intervals, but when required in infants with excessively long and narrow foreskins, the removal of a ring is better than slitting up the fold, since thickened masses on either side of the frenum are liable to follow the latter operation and greatly disfigure the organ.

Cocaine has recently been largely used for obtunding the sensibility of the region and thus abolishing ether; but if used hypodermatically at various points, the pain of the punctures, together with the irritation of the drug, and the delay in waiting for its action, are not in its favor. The frequent bathing of the prepuce and glans and the retention beneath its folds of a strong cocaine solution, will, however, greatly benefit in any case where an anæsthetic is undesirable. If employed, the gum ring around the base of the penis should always be used to control the circulation.

Freezing by ether spray gives pain before, during, and after operation.

A large number of forceps have been devised for this particular operation, many of them ingenious and useful, but entirely unnecessary, since a bistoury and forceps are equally good, and are always at hand. The section can always be made anterior to the forceps. Care should be taken in the ordinary circumcision to draw upon the mucous layer more strongly than on the skin, and thus remove a sufficient portion of the former, since if this is not done, slitting and trimming is necessary to remove the contraction, followed by careful stitch-

ing. Wire is no better than silk and is much more annoying and painful during the next few days. On account of the great œdema of the loose connective tissue which is sure to follow, black sutures are more easily distinguished than white ones. In order to secure the most speedy union, the wound should be washed with a 1 to 5000 bichloride solution, and covered with a large wad of feebly sublimated cotton, which can be renewed at each urination. The best bandage is an ordinary diaper. The vessels will rarely require either a silk or catgut ligature. Hæmorrhage is rare, even when the Jewish Rabbi tears back the mucous layer and applies no sutures. A fatal case is occasionally, however, reported. The stitches should be removed by the fourth day, and undue inflammation subdued by cooling lotions.

If the blood is thoroughly pressed out of the organ and a gum ring slipped over its base, there will be little or no bleeding.

The plan of slitting upon the dorsum or on the sides, is not a good one, and in careless hands the urethra even has been divided. Blood-poisoning and death have also followed the use of septic instruments in a simple circumcision. It has been stated that Hebrews are less addicted to masturbation, and are less subject to syphilis, but my experience does not accord with this view unsupported as it is by facts.

In summing up it can be said that stripping in young infants is one of the simplest and easiest of operations. In children it is still easily accomplished in the majority of cases by the help of a grooved director or probe. After twelve, if the glans has not been uncovered, circumcision will usually be necessary as dilatation is rarely successful in giving that freedom of motion which is essential in all cases.

Exposure of the glans is always necessary for cleanliness sake, and should be secured without fail whenever any nervous or reflex symptoms are present.\*

In girls adhesion, hypertrophy, or hyperæsthesia of the labia may induce a nervous irritability at a very early age,

\* Transactions American Dermatological Association, 1884; also *N. Y. Medical Record*, Nov. 7, 1885.

\* Lists of the literature of this subject can be found in *Philada. Med. Times*, June, 1883, and *New York Med. Times* September, 1884.



which is often followed by a loss of coördination, or by spasmodic movements.

Only a few days since, while operating upon a little girl for umbilical fistula I discovered a very strong adhesion of the labia minora entirely closing the orifice of the vagina, save at a point opposite the urethra.

Adhesions can be easily broken up either between the nymphæ or around the hood of the clitoris, and enlargements can be removed. Excessive irritability is relieved by astringent and anodyne lotions.

*Hypospadias.*—Hypospadias is that condition of the urethra, in which, owing to the absence of a part or a whole of the lower wall of the tube, the opening for the escape of urine exists at some point between the extremity of the glans and the neck of the bladder.

In its slightest degree, the opening may simply be upon the under surface of the glans; in its severest form, associated as it is with cleft scrotum and cryptorchidism, the sex of the individual may necessitate careful external and internal examination for its proper identification. Even in the lesser degree the flattened and turrowed recurved glans, the shortened spongy body, the redundant preputial hood, and the generally distorted member demand earnest and patient remedial measures.

Sometimes the urethra is perfect in front of the opening; more frequently it is absent, or is indicated by a groove. The cause of hypospadias is undoubtedly an arrest of development, or a want of union between the arches as they rise from the uro-genital sinus. The scrotal portion of the tube being formed early, from the external genital buds, is not as prone to be the subject of deformity, but when the aperture is near the glans other malformations usually coexist, as short frenum, deficient corpus spongiosum, webbed penis, etc.

Heredity is often seen as a cause, and it is stated that one child in three hundred is afflicted with this condition.

*Treatment.*—The relief of hypospadia demands the hearty coöperation of parents in carrying out the surgeon's plans, since a number of operations may

be necessary. The operations of Bouisson, Nélaton, Ander, Theirsch,\* Duplay, and others are variously employed, but the object of each is to construct a new tube by uniting the adjacent sides of the corpora cavernosa. The most satisfactory plan is the one of Duplay,† in which three successive steps are made.

*1st Straightening of the Penis.*—This is accomplished by multiple sections of all the tissues that interfere with a proper erection of the organ, especially the strong mucocutaneous fold. I can most heartily endorse the importance of this step, since with numerous and deep incisions, even into the corporal sheaths, great benefit can be secured. An incurved and distorted penis is a source of great mortification to a boy from five to fifteen, and it is advisable that operative measures be commenced as soon as the ordinary diseases of infancy have passed, *i. e.*, at the completion of the first dentition. Incisions and thorough stretching during anæsthesia will give a useful member and prepare the way for the next step, which should be deferred until the danger of secondary cicatricial contraction has passed, say about eight or ten months.

Webbed penis should be freely separated from the scrotum.

*2d. Formation of New Urethra in Front of the Opening.*—The method of performing this portion of the operation will depend upon the situation of the hypospadia. If so near the extremity that ejaculation will be nearly normal during coition after the penis is straightened, the orifice may be simply dilated and the results watched in later years.

Should a short tube exist anterior to the opening, together with a closed meatus, the latter should be incised and dilated and the two sections united later.

In the penile and scrotal varieties of the deformity it becomes extremely important that closure should be accomplished, since not only is micturition difficult, except in the posture assumed by women, but fruitful cohabitation will be impossible in later life, since the semen will escape outside the vulva.

The parings are to be made longitudi-

\*Archives Générales de Médecine May, 1874.

†Ashhurst's International Encyclop. Surg., vol. vi., p. 493.

nal to the urethra, and reflected over an introduced catheter. The exceedingly small size of the organ and the mobility of the skin, make the operation a tedious one. The flaps are sometimes made so that their raw surfaces are placed inward (a plan likely to result in stenosis); at other times the cutaneous side is made to form the tube, while granulations fill in the divided surfaces. No tissue should be sacrificed, and the redundant prepuce should be utilized when necessary. Duplay strengthens his flaps very wisely by utilizing the lateral tissues of the penis. His incisions run parallel to the urethra, the tissues on the inner side of the line being dissected up so as to cover about one-half of the introduced catheter. Outside of the cuts the skin is freely loosened so that it can be drawn to the median line. This gives a covering of cutis to the catheter in its deeper half, while the more superficial portion is closed in by raw surfaces which are also brought into apposition with the raw portions of the deeper flaps. A cross section of the flaps would resemble the two sides of a house roof prolonged to the ground and enclosing the upright walls.

The catheter is, of course, only the hard foundation upon which to build the arch, and can be removed the first day, as any cylinder will answer as well. The urine will escape as usual through the hypospadiac opening, which is not to be touched until a later operation. Quilled sutures answer best, a single fine wire being carried deeply through the tissues and fastened by a shot upon the strip. The skin may require separate interrupted silk sutures. It is rare to obtain union throughout the entire extent of the tube, but a second vivification will usually be successful.

Another excellent paring is made by dissecting a long flap upon one side of the urethra, going well out upon the side of the penis and then carrying it over a catheter, skin inward, to attach it to a short flap on the opposite side.

The third step of the operation consists in uniting the original urethra to the new one. This is accomplished by paring the edges of the opening and suturing them over a catheter which is to be worn for three or four days.

When scrotal cleft and spurious hemaphroditism exists, no rule can be laid down for procedure, since each case will require operative devices suited to the special deformity.

*Epispadias*.—Epispadias is a deformity caused by the absence of a portion or of the whole of the upper wall of the urethra. When the canal ends just behind the glans, the condition is denominated a glandular epispadias, but when complete it is called penile. In the latter case there is nearly always an absence of the pubic bones, and extrophy of bladder is not infrequently associated with it. Arrest of development would suffice to explain the minor degrees of this malformation, although it at first seems strange that the urethral tube could lie at the dorsum of the organ. It should be remembered, however, that this malformation is not simply one involving the spongy body but also the corpora cavernosa, and that any deviation in the reflection or union of the vascular fasciculi or of the superior external genital nodules of Coste, or any disparity in time in the development of the internal and external organs of generation would easily bring about the deformity.

Practically, the non-union of the corpora cavernosa, and the falling apart of these two sections, together with the absence of the upper urethral wall renders visible the floor of the tube.

For the remedy of this defect several operations have been devised, but all are, to a certain extent, unsatisfactory, and several attempts are often required before success is attained. Duplay's\* operation seems to offer the best chances of success, since the fresh surfaces are made from the sides of the out-rolling cavernous bodies, and dependence is not placed so much upon integumentary flaps as in the Thiersch and Nélaton procedures. The organ is first straightened by multiple incisions, then a new tube is formed from the extremity back to the epispadiac opening, and as a third operation the two portions of the urethra are united.

In order to form the canal the sepa-

\* Ashhurst's International Encyclopedia Surgery, vol. vi., p. 500.

rated corpora are drawn together, after freshening, by quilled sutures, and are thus made to form a strong upper urethral boundary. The redundant prepuce is utilized by making a slit in its raised flaps and by passing the glans through this, using the tissue as a dorsal covering for the new tube.

In the plans which rely upon the integument, one flap is thrown over the freshened chasm with its skin surface urethra-ward, while its raw aspect is covered by the fresh portion of another flap taken from the opposite side. When the penis is too ill-formed to supply these tissues, they may be taken from the scrotum, or the prepuce, or the thigh.

Incontinence is sometimes but not always prevented. Extrophy of the bladder if coexistent should receive early attention.

#### PHARYNGEAL CATARRH AND PEPSIN.

—Dr. J. Fisher, of Berlin, had a patient suffering with chronic pharyngeal catarrh (*Berl. kl. Woch.* 49-86). Various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's pepsin, which is recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the pepsin pure, half a grain of aromatic powder being added to five grains of Jensen's pepsin simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain.

The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

#### MORBILITY AND MORTALITY OF MEASLES.

—A number of statistical investigations which have been recently made appear to show that measles is increasing in some parts of the world, while in many places it does not decline in the same ratio with other zymotic diseases. Whether increasing or not, it is evident that measles is a source of mortality which is by no means insignificant. According to the last census the total number of deaths from measles in 1880, in this country, was 8,772 in a total mortality of 756,893. In the United States a curious disproportion exists between the south and north as regards the mortality from measles. In nearly every northern and western State the deaths from scarlatina are twice as numerous as those from measles, while in most southern States the reverse is the case. It is known that there are certain countries where measles is always a serious disease. It does not appear to be the climate which produces this mortality, since it is in such regions as Finland and the Baltic coast, Brazil, and the borders of the La Platte, that it is excessive. In New York city the measles is most fatal in the second year of life, during which time one-third of all the deaths occur; next comes the first year of life, then the third and fourth. After the fourth year the mortality from measles is very small. The records of the Health Office in this city, the statistics of Fox, and those of Eloy for Paris, show that a very large measles mortality occurs in the first year of life. In Paris it has even exceeded that for the second year. The practical conclusions are that measles is a disease which kills, if at all, in the first five years of life, before the school age, and that the efforts of preventive medicine should be directed toward keeping it from attacking this period of life.

#### DIABETES MELLITUS IN CHILDREN.

(*Rev. Mens. des Mal. de l'Enf.*).—The history of this disease among children

dates back only so far as the thesis of Redon in 1877, and that of Leroux in 1880. It is not common in childhood, which probably accounts for the apparent neglect which it has received at the hands of systematic writers upon the diseases of children. Four cases are detailed by the author, two of which occurred in connection with purpura hemorrhagica, one with hereditary tendency to the disease, the child's father having been subject to it, and the fourth without any discoverable predisposing cause. In the last mentioned case the result was a fatal one sixteen days after the disease began. A. F. C.

**POISONING BY THE FUMES OF DYNAMITE.**—On July 8, 1886, a young man engaged in boring a well about one mile north of this city, found it necessary to blast one stone in the bottom of the well, for which he used dynamite (about one pound); after blasting, he uncovered the well and left it until the next day; he then lowered a lighted lantern, believing in the adage that, where a light will burn, a life will live, and as the lantern was not extinguished he accordingly went down. As soon as he had reached the bottom, he signalled to his partner to be drawn up (the well was thirty-five feet deep and twenty-eight inches in circumference). He was brought up to within about twenty feet from the surface, when he loosed his hold and hung suspended only by his left leg, around which he had fastened the rope. As the well was so small, his head and shoulders rested against the side. The man who was hauling him up ran off in search of help, and fortunately met the hired man, who was let down, but had to be drawn up immediately, as he could not get sufficient air; on being lowered a second time, he succeeded in fastening a rope around the unconscious man's chest, by which he was drawn up.

A physician having been telephoned for, Dr. Blackmer arrived on the scene just as the patient was drawn to the top of the well.

The patient was in a state of coma, face cyanosed, eyes protruding, and pupils wildly dilated; respiration sighing and irregular; frequent muscular spasms. Artificial respiration was immediately

resorted to, and carbonate of ammonia administered internally, which last seemed to have a wonderful effect on the slow, irregular action of the heart, making it beat with regularity and force.

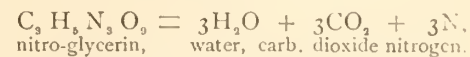
One half hour afterward the patient's face was livid, respiration irregular, eyes staring, pupils dilated, pulse 108, extremities cold, temperature 95°, delirious, and the muscular spasms much less frequent. Hot applications were made to patient's feet, whiskey administered, and he was thoroughly rubbed, etc.

In about one hour and a half he had recovered sufficiently to get up and drink a cup of tea, after which he felt a great deal better and was able to converse intelligently, but could not remember any thing about the accident.

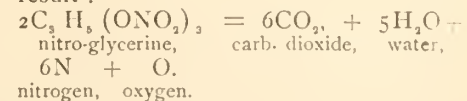
A live chicken was lowered into the well and left about thirty seconds: when pulled up it presented about the same appearance that the young man did; it could not stand upon the ground, but reeled about when prodded with a stick, falling down almost immediately; it recovered in about ten minutes. A light was now lowered and it burned as brightly at the bottom as up on the ground. There was no smell whatever at mouth of patient or well.

The patient made a rapid recovery, and ten days afterward was completely well with one exception, viz.: his memory was so impaired that he could not remember one day the events that had transpired the day before.

Nitro-glycerin, the basis of dynamite, has a chemical formula of  $C_3H_5N_3O_9$ , and when it explodes, according to Josiah P. Cook, of Harvard, the following reaction takes place:



Mr. Koppe, a German chemist, after several analyses, obtained the following result:



The gas in the well then was probably carbonic dioxide from the explosion of the dynamite.

Mr. Koppe's explanation seems the most probable, as oxygen gas is formed,



which, as Mr. Schener suggested, would probably explain the burning of the light in the well.

As dynamite is being used more and more every year for blasting in mines, wells, etc., it seems to me that some test other than the light experiment should be used. Would it not be better to lower some live animal, *e. g.*, a chicken, before descending these caverns of death?

Thinking that this danger in using dynamite should be known, I close with the statement that the patient is entirely well at this writing.—*Northwestern Lancet*, Sept. 1, 1886.

THE VALUE OF NOSTRUMS.—The New York *Evening Post* says: "What a commotion there would be among our patent-medicine venders if the New York police followed the example of the Berlin police, who are continually issuing warnings to the public, of which the following is a specimen: "The tradesman, Paul Heider, of this city, Anklamer Street 28, is selling, under the name of 'Harz Mountain Tea,' a mixture of lavender flowers, sassafras root, peppermint, and several other plants, weighing fifty grammes. His price is fifty pfennigs, and he advertises it as a remedy. Official analysis has shown that the real value of one of these packages is hardly ten pfennigs."

#### ITEMS.

"The Treatment of Gonorrhœa and its Sequelæ" is the title of a pamphlet recently issued, and which will be sent free, on application, to any physician mentioning this journal. Chas. L. Mitchell, M.D., 1016 Cherry St., Phila., Penn.

*The Archives of Gynecology, Obstetrics, and Pediatrics*, series of 1886, just completed, has met with such warm encouragement, the publishers have decided, commencing January, to issue monthly parts instead of bi-monthly as heretofore. Leonard & Co., 141 Broadway, New York, are the publishers.

Health Officer Dr. Cooper, of Troy, N. V., holds that a doctor can be sued for libel if he makes public the disease prevailing in a family, and he may be sued for damages if loss of business or other injury follows such a report. If physicians are asked on the witness stand what disease they treated patients for, the court protects them in refusing to answer.

Dr. J. W. Barnsdell, St. Paul, Neb., desires to sell his practice, and will introduce a competent successor.

A popular treatise on the application of electricity is just published by Messrs. Cassell & Company, under the title of "Electricity in the Service of Man." The work is translated, with copious additions, from the German of Dr. Alfred Ritter von Urbanitzky, by Dr. R. Wormell, with an introduction by Prof. John Perry, and contains upwards of 850 illustrations.

DR. E. A. LODGE, SEN'R, expects to return the beginning of November to practice at Thomasville in Southern Georgia for the winter. Thomasville has acquired a good reputation as a winter resort for invalids suffering from affections of the throat, bronchitis and lungs. Asthmatics and those troubled with heart disease are also generally benefited. Its elevation is about 200 feet higher than any part of Florida save the two counties lying immediately south of Thomasville, which partake of a similar character. It has purer water and less of humidity than Florida. Average temperature for winter the same as for Autumn in New York city—55°.

Congenital Hereditary Atonic Dyspepsia.—During a practice of twenty years, I have prescribed Lactopeptine to patients of all ages, and have never been disappointed in its action when indicated. But I desire to speak in particular of its action in a case of congenital hereditary atonic dyspepsia; in an infant, to whom I began to administer this remedy on the third day after birth. Mrs. H. L. S., Langside, Miss., was delivered of a male child in whom there was manifested well marked symptoms of atonic dyspepsia. The mother had been a victim of dyspepsia from girlhood, and had inherited the malady from her mother. The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, following by exhaustion. Other articles of food were tried, without improvement. The child was in great danger of starvation. On the third day, I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one-sixteenth of the adult dose to be dissolved in about two ounces of breast milk (drawn from a robust, healthy wet nurse) and administered every two and a half hours. There was no more rejection of milk, except the usual vomiting of curdled milk; to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), Mellin's food, boiled bread (pap) were, after a while, substituted for breast milk. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was going through with in a most satisfactory manner. No untoward diarrhœa or intestinal disturbance characterized this period, and, at ten months, the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health.—R. WALKER BEERS, M. D., in the *Medical Brief*.

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## BOLDOA FRAGRANS.

BY

E. M. HALE, M. D.

Chicago, Ill.

This is an evergreen tree about eighteen feet high. The bark is thin, adheres to the wood, is of a light brown color, very fragrant. The leaves in drying change to a reddish brown color, they are cartilaginous and covered with small glands. When chewed slowly their taste is refreshing and spicy. The principal constituent of the plant is an essential oil; it is secreted in special cells, distributed in the petals and margin of the leaf, in the bud, the herbaceous covering of the stem and the pith. It contains an alkaloid boldino very sparingly soluble in water, but very soluble in alcohol. Pure alcohol should be used to prepare the tincture.

No provings have been made of this drug, but it seems to have properties which ought to command attention.

Boldino has lately been found to possess some of the analgesic properties possessed by cocaine. When applied to the conjunctiva, the anæsthesia was complete.

Boldo was introduced into France in 1869, and it was studied by Gubler, Bourdon and others. They confined its value in hepatitis, chronic hepatitis hepatic colic, congestion of the liver and the bilious diatheses. Dr. Verno of Paris, after giving a chemical history of the plant, says: "After the preceding scientific account it will not be uninteresting to know at least the conclusions, if not the details, drawn from a large number of experiments made on men and animals. The most interesting principles of the boldo leaf, aromatic matter and boldino, are eliminated in abundance through the urine. Boldo

has influence neither on circulation, the temperature nor the quantity of urine, but it increases in a perceptible manner the elimination of urine. For that reason it can be placed alongside of *coca*, which operates on nutrition in a similar manner.

When this drug is administered in chlorosis, dyspepsia, chloro-anæmic cachexy during recovery from adynamic typhoid fever, or in the debility of various organs, a slight general excitement is observed; this is followed soon after by an increase of appetite, the digestive functions work better, and it is not unusual to see these patients get well in a short time. It will be retained on the stomach which rejects chinchona and its aromatic taste is not disliked. It may be called a diffusible nutritive tonic and stimulant to the digestive organs.

Dr. Payne of Moskham, Va., writes to *Therapeutic Gazette*: I regard boldo as an exceedingly valuable remedial agent in catarrh of the bladder, gonorrhœa, gout and irritation and inflammation of the prostate.

He reports a case of metritis and urethritis of several months, in a young lady. She had been under treatment in several large cities, but without relief. She was ordered to take a vaginal douche of a gallon of hot water every night, and 5gts. tinc. boldo three times a day. On the fourteenth day she reported herself as cured. ("The hot douche may have helped"). A gonorrhœa (?) of nine months. He complains of a stinging pain in the head of the penis, and an uneasy feeling on the virgin of the spermatic cord, discharge very trifling, right testicle slightly swollen, feels weak and trembles on the least exertion, perspires easily. Prescribes 5 gts boldo three times a day. Cured in 14 days.

In cardiac debility it is said to have decided value.

Dr. Merrill of Elmira, N. Y., praises boldo highly in dyspeptic troubles, sympathetic of or associated uterine or ovarian disease; in atonic dyspepsia, with more or less torpidity of the liver, anorexia, furred tongue, constipation, flatulence, and gastric distress. In cases of gastric distress, the usual dose disagrees (5 gtt.). In all the other cases the relief was prompt, and in every one satisfactory.

My own use of boldo has been limited. I am sure, however, that I have seen good effect from it in old hepatic disorders, with anæmia and atonic dyspepsia. It acts well in the 1x dilution.

Its analogues appear to me to be eucalyptus, coco, pipermethisticum, and oil of peppermint.

## OVARIAN CYSTS.

BY

THE MEDICAL SCIENCE CLUB

of Chicago, Illinois.

Pathology, C. G. FULLER, M.D.  
Chemical Constituents, CLIFFORD MITCHELL, M.D.  
Microscopical, F. R. DAY, M.D.  
Anatomy of the Ovary, CURTIS M. BEEBE, M.D.  
Etiology, Physiology, S. C. SCHNEIDER, M.D.  
Histology, F. R. DAY, M.D.  
Etiology (proper) F. A. CHURCHILL, M.D.  
Clinical History, CLYDE E. EINGER, M.D.  
Diagnosis, W. F. KNOLL, M.D.  
Treatment, F. H. NEWMAN, M.D.

(Continued from page 345.)

Pathology teaches that cysts are lined with a layer of epithelial cells which secrete the fluid, that these cells undergo colloid or fatty degeneration, and are cast off. Therefore some characteristic appearance or function of the epithelial cell of the *ovarian* cyst must be discovered before a pathognomonic sign of these growths can be had.

Because the microscope fails to yield positive evidence, however, is no valid reason why it should be entirely ignored, for it often affords a wealth of circumstantial evidence.

If the fluid drawn from an ovarian cyst is allowed to stand undisturbed for a time, a sediment of syrupy consistence will be deposited, and if this deposit is examined microscopically a variety of objects will be seen. All of them how-

ever are not constantly found in every specimen.

The most common elements met with are fatty granules in different sized clusters. They sometimes have an enveloping wall which in others is lacking. They are undoubtedly the result of cell degeneration, as claimed by Spencer-Wells. These bodies have received different names from different observers. Glüge called them "inflammatory globules." Unun spoke of a "gorged granule." Paget and Bennett described them under the names "granular corpuscles" and "the compound granular cell."

The cast off and degenerating epithelial cells are often met with. Usually, but not invariably, they are of the columnar variety.

Garrigues attaches much diagnostic importance to their presence. It has been stated that the flat epithelial cells are more abundant in the simple serous cysts, while the columnar epithelial cells are characteristic of the colloid cysts. The free nuclei of degenerated cells are occasionally seen, and pus is found in some specimens. Colloid particles, crystals of cholesterol, and blood corpuscles in various stages of disintegration, complete the list of microscopical elements met with in the fluid of innocent ovarian cysts, but it must be remembered that they are not all present in all cases.

In cases of malignant tumors of the ovary which undergo cystic degeneration, the cellular elements of the primary growth are apt to be found in the cystic fluid.

These elements have been described as "large, pear-shaped, round or oval cells, containing granular material, with one or several large clear nuclei, with nucleoli and a number of transparent globules or vacuoli. The great variety in the size and shape of these cells composing the groups is the characteristic feature" (Quain).

No mention has yet been made of the claims of Dr. Drysdale of Philadelphia. Some time ago he stated that an element was invariably present in the fluid of ovarian cysts, and that it was never seen in other fluid, in other words that this particular cell was the characteristic

sign so earnestly desired by gynecologists. He describes it in these words : "This granular cell is generally round, but sometimes a little oval in form, is very delicate, transparent, and contains a number of free granules, but no nucleus. The granules have a clear, well-defined outline. These cells differ greatly in size, but the structure is always the same. . . . The addition of acetic acid causes the granules to become more distinct, while the cell becomes more transparent. . . . This granular cell may be distinguished from the pus cell, lymph, corpuscle, white blood cell, and other cells which resemble them both by the appearance of the cell and by its behavior with acetic acid.

"I claim, then, that a granular cell has been discovered by me in ovarian fluid, which differs in its behavior with acetic acid and ether from any other known granular cell found in the abdominal cavity, and which, by means of these reagents, can be readily recognized as the cell which has been described ; and further, that by the use of the microscope, assisted by these tests, we may distinguish the fluid removed from ovarian cysts from all other abdominal dropsical fluids."

It can not be denied that such an element is frequently seen in the ovarian cyst fluids, but it can well be doubted whether it has as much diagnostic significance as Dr. Drysdale claims, inasmuch as it has been found in cysts arising from other organs, particularly from the pancreas, and has not been found in every ovarian cyst.

*Etiology.*—In order to understand properly the causes of ovarian cysts a brief review of the anatomy, histology and physiology of the ovary is necessary.

*Anatomy.*—The ovaries are two flattened almond-shaped glands situated one on either side of the body of the uterus and connected to it by a muscular band one inch in length, termed the ligamentum ovarii. The surface of the ovary before puberty is smooth ; afterward, fissured from the cicatrization of the Graafian follicle. Of the two borders one is more convex than the other. The straight border is attached to the posterior surface of the anterior layer of

the broad ligament. The posterior layer is apparently reflected over the entire ovary with the exception of the attached border, where is situated the hilum, the point where the vessels and nerves penetrate the ovary.

Waldeyer claims that the peritoneum ceases at the base of the ovary, that the epithelium of the serous membrane is replaced by the cylindrical epithelium of mucous membrane, and that the surface of the ovary should be regarded as in continuity rather with the lining of the Fallopian tubes than with the peritoneum. After the third year the tunica albuginea is found intimately adherent to the subjacent structures. Beneath the tunica albuginea is found an outer cortical substance and an inner medullary one. The medullary substance has a spongy structure, and is of a reddish color. It contains an abundance of blood vessels, the branches of which pursue a spiral course. The stroma of the cortical substance is continuous with the stroma of the medullary portion. It contains the Graafian follicle.

*The Histology of the Ovary.*—The ovary, the essential female generative organ, is a follicular gland, composed of elements, some of which are common to other tissues and organs, and two of which are peculiar to this particular structure. In the first class may be grouped the connective tissue framework, the vessels, nerves, lymphatics and non-striated muscular tissue. In the second should be placed the epithelial cells and the ova. These elements are so arranged as to give the impression when a cross-section is examined macroscopically, that there are two parts to the organ, one internal, composing the bulk of the gland and called the medullary substance, and an external layer surrounding this, which is called the cortex or parenchymal layer.

Examining the latter microscopically, it is found that a single layer of low columnar epithelial cells covers the surface of the ovary. These cells differ radically from the tessellated cells of the peritoneum, while they bear a striking resemblance to the bodies of the ciliated epithelial cells lining the Fallopian tubes. Their presence shows that the ovary is not covered by the perito-



neum, but in all probability was derived originally from a mucous surface. This layer of epithelial cells has received the name of the germ-epithelium.

The cortical layer is made up of a dense connective tissue containing in its substance a large number of microscopic ovisacs, variously estimated at from 40,000 to 300,000 (Sappey). A few, 10 to 12, are larger and more fully developed so as to be manifest to the unaided eye, and the farther removed from the surface of the organ that these ovisacs, or Graafian follicles, are, the larger they become.

This part of the gland is poorly supplied with blood vessels, whereas the medullary substance is rich in its blood supply. In fact, it seems to be composed mainly of tortuous arterioles and veinlets, held together by a thin mesh-work of fibrillated connective tissue.

The blood-vessels as well as the nerves and lymphatics enter the ovary at its hilus, which corresponds to the anterior border. As has been stated, they pursue a tortuous course giving to the medullary substance many of the characteristics of a true cavernous or erectile tissue (Rouget). The walls of the larger vessels are made up in part of non-striated muscular tissue. They ramify and form capillary nets around the Graafian follicles beneath the membrana granulosa, which will be described in connection with the histology of the ovisacs.

The lymphatics are very numerous, and distributed around the follicles in much the same manner as the vessels are.

It has been demonstrated that the nerves are composed in part of the medullated and in part of the non-medullated varieties, but nothing positive is known about their ultimate distribution.

It now becomes necessary to consider the histology of the essential part of the ovary, the ovisac and its contents. As has been stated, they increase in size from the periphery toward the central part of the organ. The diameters given by Waldeyer are one-eight-hundredth of an inch the smallest, to two-fifths of an inch the largest. Examining carefully the smallest, or so-called primordial follicle, it is seen to be a spherical

space lined with a single layer of columnar epithelial cells, to which the name of the membrana granulosa has been given. These cells rest upon a firm foundation, which is a circle of dense connective tissue, the tunica folliculæ, rich in spindle cells and containing the capillaries. The primordial follicle is completely filled by the undeveloped ovum.

In the more mature ovisacs there are two or more rows of epithelial cells composing the membrana granulosa, and at one part of the circumference, usually that farthest removed from the surface of the ovary, there is quite a cluster of the same cells, forming an eminence pointing toward the centre of the follicle, in which the ovum is embedded and which is called the discus proligerus. The rest of the follicular space is filled with a clear fluid.

The ovum is the small affair for which this extensive structure has been prepared. When it has reached maturity it is about one-hundred and twenty-fifth of an inch in diameter, a globular body composed of five parts—the vitelline membrane or zona pellucida, the vitellus, the germinal vesicle, the germinal spot, and a few epithelial cells, similar to those of the membrana granulosa on its surface.

The vitelline membrane is firm and apparently structureless, forming an envelope to enclose the other parts of the ovum. On account of its transparency when seen in relation with the surrounding structures it has received the name of the zona pellucida.

Inclosed within the vitelline membrane is the vitellus or germinal yolk, a fluid substance full of highly refractive granular bodies. It also contains the germinal vesicle, which in turn includes the germinal spot.

When we reflect upon the great changes that are taking place in the ovary and consider that the normal process instead of recurring at regular intervals may be abnormally prolonged and may recur at irregular periods; that evolution and involution may be indefinitely affected by pregnancy and lactation; that these processes are generally accompanied by marked disturbances of the nervous centres, the only wonder is

that so many women pass through life without suffering from ovarian diseases.

It is the Graafian follicle before and after its rupture that we shall look for the cause or origin of ovarian cysts. By some peculiar malformation of the vesicle, its walls may become of increased thickness, the exudation into the cavity fails to rupture them, the follicles become larger and larger, and thus a true ovarian cyst originates.

Geoehe maintains that there are two vascular systems in the ovary, independent of each other; one set being the nutritive vessels of the organ, the other merely subserving to the growth of the follicles, ceasing to exist as they ripen and burst. Under certain conditions this functional, follicular set of vessels ceases to exist, the generative life of the follicle ceases and its tissues fall under the influence of the simple nutritive action of the parts, which by thickening the walls and increasing the quantity of secreted fluid inside, at once converts the follicle into a cyst. The Graafian follicle may be so deeply situated within the stroma of the ovary that though it is ripe and ready for impregnation, it is impossible for it to find its way to the surface and for rupture to take place; hence morbid action is set up and a cyst is formed. Spencer Wells says that with great local congestion there is also the possibility of intra-follicular hæmorrhage, and cysts are found in the adult ovary distended in this way to considerable size. The same thing on a smaller scale has happened in children and in the fœtus, and thus has given the conditions necessary for cyst formations. Schultze found the ovarian stroma in a child born in breech presentation, degenerated to an extensive network completely filled with blood, both fluid and coagulated, forming a complete cyst.

Rokitansky demonstrated the origin of cysts from the corpus luteum, and says that the cyst is always lined with a stratum thicker than the wall of the follicle itself, which adheres to it either very loosely by a delicate areolar tissue, or very intimately by a dense connective tissue. This lining stratum is of a dirty-white color, and has a rough inner surface. It may be recognized as the

yellow layer of the corpus luteum which has been rendered thinner by expansion, and the roughness of its inner surface is occasioned by some of its remaining folds. The liquefaction of the fibrinous clot in the corpus luteum may also give rise to a cavity which will be found covered with secreting cells and may afterwards enlarge so as to have a cystic form.

Localized inflammation of a single follicle may be the cause of cystic degeneration. According to Spencer Wells there are cysts formed in the ovary as in other organs, independently of the advanced Graafian follicles. Bursæ are soon produced under the skin by mere friction, and the accidental pressure of any foreign body, such as crystallized matter or exuded fluid in a tissue, or the stimulation of some immaterial irritant, may cause the formation of cyst walls, which once organized are capable of rapid increase in volume as well as of multiplication.

(To be concluded.)

## INTERMITTENT FEVER.

BY

WILLIAM A. ALLEN, M.D.,

Flushing, N. Y.

(Continued from page 341.)

*Chronic Malarial Poisoning.*—When a person has been exposed for some time to miasm, or when he has had an attack of chills and fever which has been suppressed and not cured, many of the symptoms referred to under the heading *apyrexia* are apt to be present. The terms "dumb ague" and malarial cachexia may be applied to such a condition. There is often a cardiac anæmic murmur dependent upon the condition of the blood. There may be chronic enlargement of the spleen ("ague cake") and an hypertrophied liver. The least change of temperature is felt acutely, there is depression of mind and spirits and incapacity for mental work.

*Urine.*—As has been already stated, during the cold and febrile stages of a paroxysm, the amount of urine is increased. Sometimes this is very marked. In one case which came under my care the thirst was constant, the man taking

large quantities of water at short intervals. Almost immediately after each drinking, he voided from four to six ounces of highly colored urine, a symptom which, considering the frequency of the drinking, gave him no little trouble. The urine passed during a paroxysm is usually very acid and often causes much irritation. The chloride of sodium and the uric acid are increased (Parks, Ringer). Albumen is sometimes found. During the apyrexia the quantity of urea is much less than normal (McLean). In several quantitative analyses made of the urine of persons suffering from chronic malarial poisoning, I have found the urea to be present in normal amount. Persons afflicted with this chronic form are apt to complain of a continual brick dust sediment in the urine (urates), especially if the chamber has been allowed to stand in a cool room. This is so often met with as to be of diagnostic value.

*Concomitant Diseases.*—In regions in which the miasm exists to a great degree, many diseases are apt to have intermittent symptoms associated with those which properly belong to them. This is notably so with remittent fever, especially in cases occurring in the fall of the year. The temperature in these diseases is apt to run higher and the symptoms be aggravated every other or every seventh day. The same treatment applied to typho-malarial fevers. Neuralgia frequently comes on at the same hour every day or every other day; epilepsy has been developed during intermittent fever; cases of diarrhœa and dysentery may have symptoms of malarial poisoning in addition to those which are usual with them, or the stools may be more frequent and the accompanying symptoms more severe at regular intervals. The intimate relationship existing between the malaria and the dysentery and diarrhœa, to which the armies in the field during the late war were subject, was much commented upon by the surgeons of the army, and valuable knowledge and statistics were collected bearing upon the topic. In some cases the periodic fevers were the primary morbid conditions, in others the patients showed malarial influences during the flux, as before stated, and in many ma-

larial cachexia or malaria in a more acute form followed the dysentery, diarrhœa or the intestinal catarrh. (*Vide Med. and Surg. History of the War, med. vol. No. 2*).

In a great majority of the regions where miasmatic diseases prevail, inactivity of the liver is intimately associated with the malarious condition. It often precedes the febrile attacks, and the common saying of the people of these sections is: "If you will keep yourself from getting bilious, you will not have any chills." This may not be a proper statement to endorse in this shape, but it can be truly said that if a patient has light-colored stools, vertigo, vomiting of bile, drowsiness, pain or heaviness in the right hypochondrium, and a moist, yellowish brown coating upon the tongue and other like symptoms of deranged liver, and receives the remedy which is homœopathic to them, the intermittent fever will not follow as it very frequently does after such symptoms. The paroxysms of these sections almost invariably have bilious vomiting, pain in the region of the liver, etc., as prominent features, and the same symptoms continue during the apyrexia, only in a modified form. Softening and enlargement of the spleen frequently accompany intermittents.

*Diseases Resulting from Intermittent Fever.*—Anæmia is probably the most usual. It is seldom a pure condition of anæmia, but has many symptoms of intermittent accompanying it. So many that the cases may be often classed as being those of malarial cachexia. They have been referred to under the heading "Chronic Malarial Poisoning."

Diarrhœa, dysentery, intestinal catarrh, are frequent sequelæ (Virchow). This is particularly true of the southern states and the tropics. Insanity is sometimes developed as a result of malarious fevers; dropsy frequently follows them. Diseases of the liver are often found as sequelæ, notably, congestion, jaundice, waxy degeneration, and abscess (Murchison). Tuberculosis, epilepsy, chronic Bright's disease, myalgia, pseudo-rheumatism, leucocythæmia, follow malarial diseases.

During a paroxysm, the spleen is enlarged and there is increased dullness



on percussion in the left hypochondrium, and as a consequence of repeated attacks or of prolonged malarial poisoning, there is either a soft pulpy condition of that organ or an induration and enlargement which may assume marked proportions. Gastric disorders are a common result of intermittents, and there is often impaired appetite and digestion.

*Diagnosis.*—The only disease which may easily be confounded with intermittent is remittent fever. Attention to the temperature and its variations will be of much value in making a proper diagnosis between them. In the former, the increase of temperature may begin at any hour of the day or night, and it is followed by a chill and subsequent fever and sweat. As soon as the perspiration commences, it begins to fall, and during the apyrexia, it is normal or very nearly so. In remittent, however, the increased heat usually comes about five in the afternoon, there is little or no chilliness, and after some hours of fever, there is a partial decrease of temperature, but it does not recede to normal, more usually coming down to 102°. [Rigors are found in pyæmia, septicæmia, hysterical convulsions, pneumonitis, "nervous chills," pleurisy, tonsillitis, cystitis, and in other diseases, but there are attendant characteristic features which easily serve as distinguishing points.

*Prognosis.*—This is most favorable. Proper treatment will not only cure, but will insure a permanency of cure which is so often wished for and seldom attained. Cases of malarial cachexia, indurated spleen, hypertrophy of the liver, and impaired digestion, do not result when the cases have been treated by remedies selected in accordance with the law of *similia*.

The pernicious type which is regarded as so fatal by some authorities, yields readily, and the recovery is rapid and lasting.

*Mortality.*—The number of deaths from intermittent fever is very small. Flint, Aitken, Reynolds, Ziemssen and Woodward state that when persons have this fever, they usually recover, but are liable to have some of the sequelæ, and should death ensue, it is caused by them, rather than by the paroxysm.

*Treatment.*—In prescribing in cases of intermittent, the totality of the symptoms of the paroxysm and of the apyrexia, and the constitutional tendencies of the patient, are to be considered. A single remedy is to be selected in accordance with this idea (*vide* preface to Repertory to Symptoms of Intermittent Fever, by W. A. Allen, pub. Boericke, 1883). The question of potency may be left in most instances to the physician under whose care the case may be. Low dilutions of the drug will often succeed; higher attenuations, so far as my own experience goes, will always cure. The proper time to give the medicine is as soon as the height of the paroxysm has been passed, usually as soon as the perspiration begins which follows the heat. A single dose at this time has proved in many cases all that could be desired. In some attacks I have continued the medicine every three or four hours for several days. Our *Materia Medica* has become so voluminous, that if a remedy is to be selected with a certainty of its being the right one, a repertory should be used in most instances. By so doing, we shall be enabled to choose the proper drug with much less labor than by referring directly to the *Materia Medica*. In cases when there is any question in the mind of the observer as to the result, the *Materia Medica* can afterwards be consulted with a view to confirming the choice.

*Remedies.*—The following are some of the medicines most frequently used in the treatment of intermittents, together with their leading indications:

*Aconitum nap.*—Time, usually evening chill. Cause, getting wet, from fright, especially suitable during hot days and cool nights. Chill ascends. One cheek red and the other pale. Thirst, chill aggravated by moving. Heat dry with restlessness, full, hard pulse, thirst, cough with stitches in the chest, face pale when sitting, red when lying down. Sweat with thirst. Must be covered. Perspiration profuse. Aggravated after stool and on the side on which he lies. Apyrexia, not clear. Tongue white with red papillæ. Peculiarities: catamenia too late and diminished. Sleeplessness after midnight.



sensibility of disposition. Irritability. Fear of death.

*Alumina*.—Time, evening or at 4 A. M., chill with thirst. External chilliness with dark red cheeks. Coldness of feet and back. Cold creeping over the body toward evening, with throbbing in the forehead and occiput. Chill aggravated after warm drinks, and by motion. Heat often with chilliness or with sweat. Usually no thirst. Heat at night, sometimes one-sided, with palpitation of the heart. Sweat most profuse on face, aggravated by motion. Apyrexia, most of the symptoms decrease when walking out of doors. Lassitude, eructations. Peculiarities : mucous membranes and skin dry. Desire for starch. Itching of the anus. Leucorrhœa, pain in the small of the back. Spare habit, must stand up to urinate, or urine can only be passed with stool.

*Ammonium muriaticum*.—Time, 3 till 4 A. M., 5, 6 and 7 A. M. Before chill, thirst. Chill alternating every half hour, with heat, bloated, red face. Chill aggravated on waking or on getting out of bed. Thirst after chill. Heat in flushes. Thirst. Heat especially of the chest, palms of the hands, soles of the feet, face, ending in sweat. Heat followed by thirst. Sweat, copious, over the whole body, especially at night and in the morning in bed. Aggravated by motion. Apyrexia, mood whining and peevish. Peculiarities : pain in the back during catamenia. Cold feet, laziness, not sensitive to pain. Fat, sluggish people with small legs.

*Anacardium*.—Time, afternoon ; fever without chill every afternoon at four o'clock. Chilliness of limbs, hands and feet. Heat, afternoon, with red cheeks, thirst and chilliness. Sweat especially on chest and abdomen. Dyspnœa. Peculiarities : suitable for nursing, irritable children who take cold easily. Numb sensation in suffering parts. Insensibility of disposition.

*Antimonium crudum*.—Before chill, gastric disturbances, melancholy. Chill without thirst. Chilliness predominates. Desire to sleep. Chill aggravated in a warm room. Sweat with or immediately after chill. Desire to be covered. Heat dry, or with sweat, followed by dry heat. Vomiting. Desire to be covered.

Tongue, milk white coating. Apyrexia, gastric symptoms predominate. Longing for acids. Mental excitability. Sleeplessness after midnight. Complaints better in the open air and aggravated by the heat of stoves. Peculiarities : especially suited to persons who have a tendency to grow fat.

*Antimonium tart.*—Time, all periods. Before chill, yawning. Chill and heat alternately through the day. Cold skin. Trembling and chilliness. Short chill and long heat, or *vice versa*. Heat and chill aggravated by motion. Thirst during and after the heat. Sweat profuse, especially on affected parts. Pulse quick and strong in all stages. Tongue with red edges or red and white in streaks, papillæ raised. Apyrexia, gastric symptoms. Sour vomiting. Peculiarities : complaints are aggravated while sitting and recur in paroxysms.

*Apis mel.*—Time, 3 to 4 P. M. ; fever at 4 P. M. without chill ; night and morning paroxysms. Chill with thirst, begins chest, abdomen and knees, worse in a warm room, and from motion. Oppression of the chest. Urticaria all over the body except feet. Chill on suffering parts. Heat with thirst. Skin burning and dry. Oppression of the chest. Chilliness on moving. Urticaria. Pulse accelerated and full. Sweat without thirst. Urticaria. Weak and trembling. Sleep. This stage is wanting in old cases. Tongue, clean, or red and raw. Apyrexia, soreness and pain under ribs of left side, urine scanty, feet swollen. Peculiarities : stinging pains, sensitiveness to touch. Cases which come after eruptive diseases.

*Aranea diademæ*.—Time, same every day or every other day. Cause, rheumatic exposure. Chill, long lasting. Chill, without heat, sweat or thirst. Headache is relieved in the open air. Chill is aggravated from bathing with cold water. Heat, slight or wanting. Sweat, wanting. Apyrexia, enlarged spleen. Menses too early and too copious.

*Arnica montana*.—Time, not characteristic, usually 4 A. M. Before chill, thirst, yawning. Chill, with thirst. Pain in the muscles as if bruised. Shivering over the whole body with heat in the face and head. Chilliness aggrava-

ted by moving the bed clothes and by drinking. Coldness on the side on which he lies. External chill, internal heat. Heat with thirst. Heat aggravated by moving the bed clothes. Internal heat with cold hands and feet. He changes his position because the bed is so hard. Stupor, chilliness sometimes alternates with the heat. Heat of the upper part of the body. Sweat, sour, offensive. Headache and soreness continue. Breath sour, taste putrid. Apyrexia, soreness of muscles continues. Eructations tasting like rotten eggs. Yellow face. Peculiarities : Soreness and bruised feeling. Bed feels hard. Especially indicated in the congestive type. Symptoms are aggravated when walking in the open air. Dislike for meat.

*Arsenicum album.*—Time, all periods, mostly afternoon paroxysms. Anticipates. Before chill, sleepiness night before paroxysm, yawning, stretching. Chill irregularly developed, alternating with heat, ameliorated by external warmth. Thirst, but drinks little at a time. Internal chill, external heat. During the chill, there may be cold, clammy sweat. Nails blue. Chill lessened after rising from bed. Drinking causes chilliness and nausea. Heat intense, with much thirst and restlessness. Vomiting after drinking several times. Desire to be covered. Heat increased by motion. Desire for drink without thirst. Sweat with thirst, and a desire for large quantities of water. Vomiting after drinking. Sweat cold and clammy. Weakness. Perspiration lessened when walking in the open air, increased in bed. Sweat often disappears while falling asleep, often on awaking. Apyrexia, debility, pale face, pain in the right hypochondrium, debilitating diarrhoea, anæmic appearance. Peculiarities : One stage may be wanting. Suitable in cases contracted at the sea shore, in intermittents of nursing children. Loss of appetite. Constitutional irritability. Eruptions generally dry. Thirst with frequent drinking of small quantities of water. Desire for acids.

*Baryta carbonica.*—Chill. Constant coldness as from water dashed over him. Horripilation. Alternate chilliness and heat. Heat at night with anxiety, chilli-

ness from taking the hands from under the bed clothes. Sweat, profuse on the left side. Apyrexia, great sensitiveness to cold air. Has sore throat. Glands swollen. Peculiarities : Psoric diathesis. Cases after scarlet fever.

*Belladonna.*—Chill, thirst rare, chill alternating with dry, burning heat. Pale face when lying down, red face when sitting up. Congestive chill. Violent headache. Chill begins in both arms at once. Heat intense, dry, burning, with distended blood vessels and congestive headache, dilated pupils and red face. Averse to uncovering. Heat descends. Sweat on covered parts, profuse after exercise, may be wanting. Aggravated on uncovering and after sleep. Sweat all over except the head. Sweat lessened in doors, when and after getting out of bed. Sweat on upper body. Apyrexia, tongue red and dry, papillæ bright and elevated. Pulse, full and strong. Peculiarities : Sleepy but can not sleep. Right side most affected. Stiffness of the whole body. Noise or bright light aggravates. Glandular swellings. Plethoric individuals.

*Bryonia alba.*—Time, all periods. Cause, getting wet. Before chill, thirst, headache. Chill with thirst. Cough with pains in the chest and region of the spleen. One sided chilliness (night). Heat with thirst, cough and stitches, headache, vertigo. Heat ameliorated after stool. Sweat profuse and aggravated by exercise and after eating. Pulse full. Apyrexia, constipation with hard, dry, lumpy stools. Peculiarities : Irritable people. Male sex. Feels better when lying on the painful side. Pains piercing, compressive. Rheumatism which travels slowly from joint to joint. Pains worse from motion, better by rest.

*Calcarea carb.*—Time, 2 p. m. Chill with thirst. Chill may be preceded by the heat. Begins scrobiculus cordis. Alternate chills and heat. Chill aggravated after eating and getting out of bed. Heat may alternate with chilliness. Desire to uncover. Heat one sided. Sweat profuse, clammy, increased after meals. Apyrexia, not clear. Shortness of breath. Peculiarities : Pale, flabby people. Feet damp. Menses too early and too profuse. Leucorrhœa mild.

*Camphora*.—Chill long lasting and severe. Sensitive to cold air. Must be uncovered. Icy coldness all over. Pale-ness of the face. Chill is the predominant stage. No thirst. The skin is painful to the touch. Ameliorated in a warm room. Heat without thirst, glowing. Aggravated when walking, by motion. Sweat exhausting, at first warm and profuse, afterwards cold and clammy. Tongue cold. Apyrexia, exhaustion. Face sunken. Anxiety. Pernicious type.

*Capsicum annuum*.—Before chill, thirst. Chill with thirst. Begins between shoulder blades. Pain in the back and limbs, relieved by hot irons to the back. Lessened by walking out of doors. Aggravated by drinking. Ill humor. Chill followed by sweat. Heat, without thirst. Heat with sweating. Heat followed by chill. Intolerance of noise. Burning heat. Ears, face, nose and hands hot. Sleep. Sweat without thirst, acrid. Lessened by motion. May follow chill without previous heat. Peculiarities : Symptoms ameliorated by motion, aggravated by contact and cold temperature.

*Carbo veg.*—Chill with thirst, beginning in the left hand, icy coldness of the body and cold breath. Left side. Nails blue. Chill may be preceded by sweat. Chill while eating and after meals. Chill lessened in a warm room. Pulse weak and unequal. Heat without thirst. Headache, flushed face, vertigo and nausea. Flushes of burning heat. Oppressed breathing. Pain in limbs and abdomen. May be only on right side. Inclination to uncover. Sweat profuse. No thirst. Aggravated after meals, when and after getting out of bed. Apyrexia, gastric symptoms, abdomen and stomach distended with gas. Congestive type. Peculiarities : want of bodily irritability. Catamenia too soon. Muscles rigid.

*Causticum*.—Chill without thirst. He is always chilly or in a sweat. Chill lessened in a warm room. Shaking. Shivering coldness of single parts. Goose flesh, chilliness on left side. This stage may be absent. Heat without thirst, mixed with chilliness. Heat may be absent. Heat descends. Sweat aggravated after eating, from motion, when walking out of doors. Profuse sweat. Sweat lessened when getting out of bed.

Peculiarities : "chronic cases with constitutional cachexia." Salt water brash.

*Cedron*.—Time 3 A. M., 3 P. M. Before chill, fever. Chill without thirst. General coldness. Coldness of the hands, feet and nose with congestion of the head. Chill predominates. Cramps and pains in the extremities. Heat with desire for warm drinks, numb dead feeling, shivering dry heat. Sweat profuse. Thirst, chilliness. Heat. Respiration hurried. Urine scanty. Apyrexia, debility, surface cold and pale.

*Chamomilla*.—Chill without thirst. Shiverings with one red and one pale cheek. Face hot and body cold. Lessened in a warm room, increased after getting out of bed, and on uncovering. May be confined to front part of body. Heat with thirst, long lasting, with frequent startings in sleep. One cheek red and the other pale. Irritability. Too much urine. Sweat profuse and hot. Apyrexia, irritability. Peculiarities : Especially of value in the intermittents of children when there is a desire for things which are repelled when offered. Desire to be carried, fretful disposition. Urine pale and too great in quantity. Redness of one cheek only.

*China*.—Paroxysm does not occur at night. "Restless sleep night before paroxysm." Before chill, thirst and bone pains. Chill with or without thirst. Shaking, shivering or chilliness. External chill with internal heat. Skin cold and blue. Icy coldness of hands and feet and hot head. Chill lessened in a warm room, increased after drinking, on walking out of doors. Heat with or without thirst. General heat with distended veins, headache, sleep. Chilly when uncovered. Hunger. Distended veins. Heat increased when walking out doors, lessened after eating. Needle-like stitches in the skin. Sweat with much thirst, profuse and debilitating. Aggravated when walking in the open air, during sleep, when speaking, and on motion. Partial sweat. Apyrexia, Sweats easily, debility. Tongue yellow, skin yellow. Pain in the hypochondria. Urine scanty with a brick dust sediment. Anæmia. Ringing in the ears. Dropsical symptoms. No appetite. Bitter eructations and vomiting. Peculiarities : The thirst

may be between the stages rather than during them. Usually most thirst during the sweat. Ailments from loss of vital fluids. Night sweats.

*China sulph.*—Chill with thirst. Shaking chill. Pain in left hypochondrium. Pain in the middle dorsal vertebrae. Blue lips and nails. Trembling in the limbs. Heat with excessive thirst. Much heat with red face. Delirium. Heat with sweating when quiet. Sweat with thirst. Symptoms of head and chest relieved. Apyrexia, Pain in the legs and arms. Nervous symptoms. Weakness. Emaciation and dropsy. Peculiarities : The spine is painful to pressure in all stages of the paroxysm.

*Cimex.*—Chill without thirst. Pain in the joints. Sensation as though the tendons were too short. Oppression of the chest. Chill marked with clenched hands. Heat without thirst. Gagging when drinking. Sensation as though the œsophagus was constricted. This stage may be absent. Desire to urinate after drinking. Drinking causes headache, nausea. Sweat light, mostly on head and chest. Hunger. Apyrexia, can drink without headache or gagging. Hæmorrhoids.

*Cina.*—Chill at the same hour. Quotidian. Chill without thirst. Febrile shiverings. Face cold and pale. Tremor. Cold sweat on forehead. Heat with red cheeks. Hunger. Desire for cold drinks or without thirst. Restless sleep with starting and screaming. Face pale about the mouth. Dilated pupils. Picking the nose. Heat aggravated after sleep. Sweat without thirst, light. After the sweat, vomiting and hunger at the same time. Tongue clean. Apyrexia, hunger. Worm symptoms. Urine turbid. Symptoms improved indoors, aggravated in open air. Peculiarities : especially adapted to children troubled with worms and to scrofulous children.

*Coccus.*—Chill without thirst. Shaking chill with colic. Spasmodic symptoms. Chilliness alternating with heat. Chill in the afternoon and evening. Shiverings increased by drinking. Heat during the night in flushes. Hot cheeks. Aversion to uncover. Heat lessened in bed. Nausea on raising the head. Sweat only cold on the face. Sweat aggravated by motion. Aversion

to uncover. Peculiarities : Symptoms worse after eating, drinking and talking. Hysterical spasms. Trembling. Headache aggravated by cold air. Nausea when riding in a carriage or when becoming cold.

*Elaterium.*—Paroxysm twice a day, every third day. Chill with thirst, pain in the head, limbs, small of the back, and under the shoulder blade. Heat with thirst. Pains shooting to the fingers and toes. Vomiting. Diarrhœa. Sweat copious. Peculiarities : often indicated when urticaria appears after suppression of intermittent fever.

*Eupatorium perfoliatum.*—Chill usually between 7 and 8 A. M. but it may be at 10 A. M., between 1 and 2 P. M. or at 5 P. M. Before chill, thirst, nausea and vomiting, gaping, bone pains, pain in the abdomen. Chill with thirst and vomiting after drinking. Chill beginning between the shoulder blades and running up and down the back. Headache, trembling, yawning and stretching. Bilious vomiting. Chilliness aggravated by motion. Vomiting at the close of the chill. Heat with thirst, but he drinks but little at a time. Headache. Cheeks red. Sleep with moaning. Can not raise the head. Shivering from drinking. Trembling. Patient desires to be uncovered. Sweat usually absent, but the headache continues for some time after the fever has subsided. If perspiration, it is apt to be in cases where the chill has been light. Tongue yellowish brown, thickly coated. Apyrexia, during this period the bone pains, nausea, bilious vomiting, vertigo, jaundiced skin and eye continue. The urine is voided frequently. Loose cough. There is no soreness of the muscles upon pressure. Peculiarities : the remedy is often indicated in cases occurring in marshy regions.

*Eupatorium purpureum.*—Chill at different times of day. Before chill, bone pains. Chill with thirst, chill begins in back, lumbar region. Bone pains, blue lips and nails, frontal headache. Severe shaking with comparatively little coldness. Hysterical mood. Desire for warm drinks. Heat with thirst, bone pains, nausea and vomiting. Hunger after the fever. Sweat slight. Chilliness after motion. Apyrexia, in-



creased amount of urine. Vertigo with a sensation of falling to the left. Irritation of the bladder.

*Ferrum*.—Morning chill, afternoon fever. Before chill, vomiting. Chill with thirst. Hot face, hands and feet cold and numb. Chill lessened after getting out of bed. Veins swollen. Heat without thirst. Cheeks red. Sensation of heat, but the body is cold to the touch. Heat of palms of the hands and soles of the feet. Vomiting. Sweat, preceded by headache. Sweat profuse, long-lasting. Ameliorated while talking and after meals. Tongue white. Lips and mucous surface of the mouth pale. Apyrexia, debility, loss of muscular power, anæmia. Face easily flushes after exertion. Better when walking slowly about. Jaundiced complexion. Painless diarrhœa. Peculiarities: Weakly persons with fiery red face. Hæmorrhagic tendency. Increased irritability. Catamenia generally too profuse and of long duration. Face flushes easily on the least excitement or exertion.

*Gelsemium*.—Afternoon paroxysms. Every day at the same hour. Chill without thirst. Chilliness especially in the back. Heat of the head and face, with cold hands and feet. Chill moderate. Chill begins in hands and feet. Febrile chilliness. Heat without thirst. Chilliness. Heat in the face. Sleepiness. Nervous restlessness. Starting and screaming. Sensitiveness to noise. Sweat profuse, which relieves. Pulse weak, irregular. Apyrexia, prostration of the muscular system. This period is often very short. Peculiarities: depression of spirits. Diarrhœa from sudden emotions. Spinal exhaustion. Excessive irritability. Cases "wintered over."

*Graphites*.—Chill without thirst. Chill with cold feet. Febrile chilliness without subsequent sweat. Chill aggravated after meals, ameliorated after drinking. Heat dry, with headache, hot hands and feet. Sweat profuse, aggravated from motion. Peculiarities: Suitable in females inclined to obesity. Liability to take cold. Delayed menstruation. Sensitive to cold air. Eruption, with oozing out of a thick, honey-like fluid, especially behind the ears.

(To be Concluded.)

## ON SYPHILIS HEREDITARIA TARDA.

TRANSLATED BY

DR. S. LILIENTHAL,

New York.

DR. A. WOLFF (Volkman No. 273) introduced two patients to the society, in whom the disease had destroyed nearly the whole nasal cavity. The woman, 25 years old, has her parents still living, and enjoying good health. Her mother had nine children, of whom five died before they were a year old. Of the living one is older; the boy born after her is chicken-breasted, and becomes cyanotic when walking fast. The two younger ones enjoy fair health. Our patient suffered as a child from rachitis, and learned to walk only when three years old. In her sixth year an ulceration in her lower lip set in, which developed slowly, and was slowly cured with cauterizations. In her fifteenth year maculæ on lower extremities; 1876 her headaches began, preceded by a coryza, and followed by ozæna, with copious secretion, and the formation of thick crusts. Henceforth small bones were often discharged, and it began now to destroy also the outer parts. Dimness of cornea, upper teeth gone, the lower ones normal. Anti-scorfulous treatment had for years been employed and failed. Wolff puts her under specific treatment in full doses and inunction; and the wound cicatrices nicely.

Louis, 19 years old, parents alive and show no trace of a preceding lues; they had seven children, of whom six died in the first weeks or months of their life. One of them suffered from a hole in the tongue, another one had sores at the anus, an older sister suffers from angina, and shows a small scar at the right posterior arcus, and complains also of the dimness of vision from spots on the cornea.

The patient was slow in learning to walk; teeth stand separated, slightly serrated at their edges. When 17 years old, a small tumor appeared at the septum of the nose, which remained indolent for more than a year, when it began to ulcerate. The destructive process progressed, spread rapidly, and after the failure of anti-scorfulous treatment he

was cured by inunctions and the local application of iodoform. Let us here remark that neither case was lupus or scrofula. In both cases the edges of the ulcerations were raised, surrounded by infiltrated margins, marked by a continuous series of partly destroyed nodes of tough consistence, and of a bluish-brown color. Nowhere are numerous small nodules seen dispersed at the edges of the ulcers, as observed in lupus, but only these sharply limited infiltrations. This nodulated syphilide might be acquired, but both patients speak positively, and in these cases they may be believed. Hereditary syphilis evinces itself by early symptoms, appearing during the first months of life; more often it causes death of the fœtus in utero and its precocious expulsion. But when tardive syphilitic symptoms show themselves in the patient, many physicians deny such cases to have originated in syphilis, hence in all such cases we must study the *totality of symptoms*. Let us see what they are. Anamnesis in relation to parents and their children and the symptoms of the patient. Sometimes the parents acknowledge to have had lues or show still florid late symptoms of lues. One of the most important manifestations is the great *lethality* of the children of syphilitic parents and the *frequency of abortion*. We ought also to examine all the living children of such parents and the antecedents will often prove many a syphilitic manifestation. In relation to the age of the patient it may be said that lues hereditaria tarda may appear at any time. Augagneur, in his "Etude sur la syphilis hereditaire tardive," found in seventy-eight patients that it appeared thirty-six times between the age of thirteen and twenty-six, which allows some latitude, but it has been shown that in hereditary syphilitic children puberty is somewhat later than usual, for there is often some deficiency in their development, and though past twenty and over, they look as if their age was only twelve or fifteen years. Poor muscles, without hardly any fat, features sallow, sexual organs undeveloped, menses later than in healthy women, mammæ and testicles not developed, and the growth of hair on the genitals and axillary region appears

later than usual. The bony structure also offers modification in many cases, so that it may be mistaken for rachitis, as Wegener and Parrot described them. Mayr and Kassowitz consider syphilis as an important factor in rachitis. Syphilitic articular affections are frequent, and side by side with tuberculosis plays an important part in the pathology of infantile articulations.

Hutchinson proclaimed three manifestations as pathognomonic of hereditary syphilis, though each or all may be found absent. He leads our attention to the syphilitic diffuse keratitis, mostly observed between the fifth and twelfth year. There is a fine punctated dullness of the cornea of one or the other eye, always preceded by disturbances of irritation and of vision.

Gradually these points multiply, the irritation increases, pain sets in around and in the orbita with photophobia. It may gradually attack the whole cornea, may attack the second eye and the cornea ulcerates. It is wonderful how quickly it disappears under specific treatment, also it may last for months, and its residua on the cornea may last through life.

The lesions of the ear are not so frequent, ending in the difficulty of hearing or deafness. Aside from the osseous affections taking place in that organ, there is also a deafness without perceivable objective symptoms, probably caused by modification in the acusticus or its branches in the labyrinth.

The malformation of the teeth is not constant. The upper incisors are short, small, thin at their edge; a part of this edge falls to pieces in the form of a half moon, so that a defect exists at the lower edge of the tooth, passing off about the thirteenth year of the patient by the wear and tear of the teeth. Here and there the teeth are convergent or they stand farther apart than usual. We deal here more with a general disturbance of nutrition than with a direct specific malformation.

Syphilis hereditaria tarda shows itself always in the form of an advanced syphilide whether it attacks the skin or internal organs; it is always in the form of gummous circumscribed formations, which decay or ulcerate parts.

Hence we consider as cases of acquired syphilis all grown persons suffering from secondary condylomatous manifestations and who are inclined to blame heredity for it.

*Case 3.*—A woman of 34 years. None of Hutchinson's symptoms. Polymortality present. No anomaly of development. A weak decrepid person. In her fifteenth year gummata of the hard palate. Married at 23; three healthy children, 12—3 years old. A year ago gumma on forehead. Since three months perforation of the hard palate and asthma. Whistling and difficult breathing; cough, mucous expectoration; no blood. Constant external pain; trachea painful to pressure; larynx found intact. Treatment by inunction cured her in four weeks and she remains well after five years.

*Case 4.*—Josephine is sent to us with the diagnosis lupus. She suffers from tuberculous ulcerating skin, appearing on her back, forearms, thighs. Hearing normal; also cornea and teeth. She is sixteen years old, virgin, with insufficient development, but without visible atrophy of the organs, has not yet menstruated. Several of her brothers and sisters died in early infancy. A local non specific treatment failed to benefit her, but a general Hg. treatment made all her symptoms disappear in three weeks. Six years later she is readmitted, suffering from sclerosis of the labia, followed in six weeks by a macular papular syphilitide. (Reinfection.)

These and other cases, left out from want of space, show the manifold localization of the S. H. T.; all organs and systems may be attacked, though it has its own predilections, especially the osseous system, where it brings forth identical manifestations with acquired syphilis. The naso-palatine cavity, the soft and hard palate are also far more frequently affected than the skin, where we find tuberculous ulcerations, etc.

The prognosis of hereditary syphilis is bad, perhaps because mistakes happen so often and the treatment fails therefore, *only specific treatment cures*. As long as external organs are only affected, destruction may happen and the patient remains disfigured for life, but in affection of internal organs death is sure to

follow, where energetic anti-syphilitic treatment is neglected.

In comparing S. H. T. and *acquisita*, the former often runs its course and in the form which Mauriac calls "syphilis maligna precox," whereas now-a-days the latter is hardly ever so bad at such an early date. In acquired syphilis secondary symptoms may show themselves from 20 to 100 days after the first local eruption, and only after ten to thirty years the so called tertiary forms; which we meet in S. H. T. Here they run their course alike. It is too well known, that Hg. and iodide of potassium, our only reliables in syphilis, act badly in tuberculosis and scrofulosis, and whenever we are in doubt we may try remedies for the latter and only their failure will give us the hint for specific treatment. We might begin with local mercurial treatment, but when no improvement follows, inunction is indicated, sometimes in combination with hypodermics of Hg. It is no use to give kal. iod. in insufficient doses, eight grammes a day are not too much. Haslund gave as much as thirty-two grammes for the disease without producing iodism.

Too often our anamnesis remains insufficient and no syphilitic symptoms were observed till the patient entered the years of puberty though they might have had during the first years of their life papular or other secondary forms, which were not strictly diagnosed by parents or midwife.

How often does it happen that a child shows meningitic manifestations and the physician does not think of lues and he prescribes perhaps iodine or bromide of potash or calomel and the child recovers by the use of this specific treatment which would be perhaps be useless in simple inflammatory cases. Even during intrauterine life the fœtus may suffer from syphilis which fails to show itself after birth. These are exceptions but they affirm the rule.

Cases of syphilis hereditaria tarda show the same complexity of symptoms as tertiary syphilis, but that the former is not so often witnessed, can be easily explained by the mortality of infants, whose parents suffered from syphilitic affections. Really, poor innocent babes are sacrificed for the sin of their parents



"Die milde macht ist gross," and eternal glory to the man, who gave us the hints how to employ medicinal substances to the benefit of our patients. But Hahnemann did more and in his trinity : Psora, Syphilis, Sycosis, he has taught us the causes of so many diseases considered incurable and that the removal of the poison, this germ of the whole trouble, is the corner stone for the restoration of health. Whether Psora, that expression for lowered vitality, for inability to withstand the buffeting of an outer world, that neurasthenia now so fashionable, primarily arose from the syphilitic poison, for the sins of the father are punished in the third or fourth generation, is a question which we are unable to decide, and what a gracious blessing is the great mortality of the infants of such afflicted parents, so that they may by their early death not be able to propagate any further this curse of humanity. We feel aghast at such fearful mortality in a family and fail to see that only a minority is fit to survive.

We believe to know what syphilis is, and to eradicate the curse the physiological school is divided in Mercurialists and Anti-mercurialists, but the weight of their authorities commands mercury in toto for its elimination, and where it fails or was neglected, the preparations of iodum in tremendous doses are praised as the great panacea. Send your patients to Aix la Chapelle, that Aachen, where Charlemagne is buried, be fumigated, anointed and injected with mercury, enjoy the sulphur springs and baths of this celebrated city—you ought to be freed from your enemy, but, alas ! failures are as often witnessed at Aachen, as they are at our own Hot Springs of Arkansas, the future Aachen of the United States. In the essay of Dr. Wolff we have nothing to do any more with primary or secondary syphilis and he shows us that the symptoms of tertiary acquired syphilis and of syphilis hereditaria tarda are identically the same. As the mild power is so great, let us have more confidence in the homœopathic law and its conscientious applications. We felt it our duty to translate Wolff's essay, as Dr. Winter-

burn in his excellent article on hereditary syphilis (Arndt's Encyclopedia, III., 912—935) fails to mention this syphilis hereditaria tarda and Dr. Trites in his otherwise exhaustive article on syphilis (l. c., III., 766 to 912) is only not exhaustive in the homœopathic treatment of the later symptoms of the disease, though we felt pleased that he gives us all the indications found in the well worn books of the reliable veteran Jahr. In fact Dr. Trites deserves the thanks of the profession for this valuable contribution and we can only urge again and again the readers of this journal to add Arndt's Encyclopedia to their library. We find in our own private repertory mentioned under ozæna syphilitica with caries of the nasal bones and cartilages asafœtida, aurum muriaticum, aurum muriaticum natronatum, carbo animalis, cinnabaris, iodum, kali iod., lachesis, kal. bichromicum, the different mercurial preparations, mezereum, nitric acid, phytolacca, stillingia.

*Asafœtida*.—Offensive greenish discharge from the nose, with caries of the bones and a feeling as if the nose would burst, numbness of the bones of the face ; a little pimple on the nose ; small tubercles on nose and cheeks ; tearing pains from within outward in the bones of the nose, with a greenish offensive discharge, pains worse at night.

*Aurum muriaticum and Aur. mur. natr.*—Nostrils stuffed up with hard crusts, nasal cavity ulcerated deep in, with dry, yellowish scurf and sense of obstruction, although enough air passes ; bad smelling, watery discharge, irritating the upper lip, deep cracks in the alæ nasi, caries of nasal and palatal bones, nasal bones and adjoining parts of upper jaw very painful to touch, nose sunken in, putrid smells when blowing nose, obstinate and severe frontal headache.

*Lachesis*.—Ozæna syphilitica from abuse of mercury given for syphilis ; discharge of pus and blood, and nose filled with scabs ; crumbling, decayed teeth, ulcers of cornea, photophobia, severe pains in and above the eyes.

—*Nitric acid*.—Mercurio-syphilis ; large soft protuberance, or else covered with crusts, ulcers in the nose, with corroding nasal discharge ; deep, irregular shaped ulcers on the edge of the tongue :



stitches in the nose as from a splinter, fœtid smell on inhaling air, ulcerated spots in nostrils and on the inner surface of the cheeks, with sticking pains as from a splinter, swelling of the cheek and upper lip, violent pain in the malar bone, as if they would be torn asunder, dark spots on the cornea, caries of teeth, which feel elongated, become yellow and loose.

*Iodum*.—Caries of nasal bones with chronic fœtid discharge from nose, nose bleeds whenever touched or blown, the lower portion of the nose is painful on blowing it, itching, sticking in the forepart of the septum of the nose, pale swollen and painful gums which bleed easily, pain, when eating, from looseness of the gums and teeth.

*Kali iodatum*.—Greenish yellow, excoriating ozæna with throbbing and burning in frontal and nasal bones, nose red, swollen, tightness at the rest of the nose, pustules on cornea without photophobia, pain or redness; teeth decayed, feel elongated.

*Kali bichromicum* has a great deal in common with aurum, ulcerations within the nose, soreness of the nostrils, fetid smell from the nose, discharge of tough green masses or hard plugs; ropy, tough discharge, often also from the posterior nares, indolent ulcers of the cornea; brown spots on the cornea, ulcers in fauces and pharynx discharge cheesy lumps of fetid smell; papular and small, flat, pustular eruptions of the face, particularly on the forehead, scalp and nose.

*Kreasot*.—Central incisors in syphilitic children unevenly set, crowded with irregular cutting edges, notched and pointed; hard hearing, offensive smell before nose, stinking in morning, when awaking, epithelial cancer or lupus of nose (Wolff shows how easily mistakes are made in such diagnosis); bad odor from decayed teeth, painfulness of scalp with falling off of the hair, impotence; pains in bones worse at night.

Of all *mercurials* we would think most of *cinnabaris* in tertiary syphilis or in s. h. t., as benefit arose from its use in syphilitic laryngeal ulcers, torpid and associated with tuberculosis, in gummata and nodes of syphilitic origin, brow ache, bones of skull, scalp and

even the hair are painfully sensitive to touch, dimness and opacity of cornea, marked photophobia, sycosis. Perhaps *mercurius biniodatus* may be of some benefit in some of our cases, for we find under it the nasal bones diseased, the turbinated bones swollen with whitish, yellow or bloody discharge; hearing dull; soreness of bones of the face. Enough has been shown that such cases, whether acquired or congenital, can be thoroughly cured without leaving homœopathy, and many more remedies might be cited as *hepar s. c.*, the deeply penetrating silica and sulphur, even if only as intercurrent, mezereum, staphisagria, stillingia, thuja. Give our remedies a fair trial before we condemn our patients to a thorough mercurialization.

#### A CASE OF CONVULSIONS.

BY

IRVING MILLER, M.D.

Baltimore, Md.

I was called on the night of November 18th to attend a child fourteen months old with convulsions. The condition found was as follows. Severe clonic general convulsions. The pupils respond to light, and but slightly contracted; pulse 160, temperature 102°; respiration 42, but very irregular, during the severe convulsions nearly suspended from the contractions of the muscles of the chest wall; skin hot and dry; belly slightly tympanitic; bladder empty; bowels moved 6 hours previous to illness.

Enema of warm water produced a copious stool, but nothing characteristic of the cause of the intestinal irritant, which was considered the primary cause of the neurotic explosion. The usual remedies were used, but without any mitigation of symptoms whatever, and after ten hours of severe convulsions with but brief intermissions the child died from exhaustion. A post mortem six hours after death gave the following results.

The brain normal with the exception of slight bulging of the right lateral ventricle, which was considered from the convulsive seizure not a cause of the trouble. The stomach normal and empty. The small intestine was opened

up its entire length, and the whole trouble was disclosed about eight inches from the *ileo-colic* valve: *Two sticks across the diameter of the gut.* They were parallel to each other, and one which had a splintered end had partially perforated the walls of the intestine. Each piece was about the thickness of a match. The surrounding tissue was congested, and slightly inflamed. The rest of the abdominal viscera were normal.

This cause of infantile convulsions was to me unique. It was presumed the child in crawling about the floor had swallowed the sticks, but I think it rather peculiar they did not irritate the fauces and cause vomiting or else get in the trachea, but this young ostrich had managed them very well for a part of the way.

*The moral* is to always hold a post-mortem when a case presents unsatisfactory causes of death.

The ante mortem diagnosis in this case was of course impossible, but easily explained by the necropsy, and the parents fully satisfied with the physician. Even should you be mistaken in the diagnosis of a disease you gain in knowledge.

#### TRANSLATIONS AND EXTRACTS.

Cases from the practice of Dr. Goulon, Weimar (A. H. Z. 20, 1886). *Natrum bromatum* is nearly unknown in our literature. A young lady suffers every four weeks, now mostly at night for several hours from severe headache, which stands in connection with her menstrual period. Another girl, who suffered from the same headache, was entirely relieved of it by the daily use of eight grammes *natrum bromatum*, and it will be tried now in the former case with the first or second trituration.

We only find a short notice in Allen, the effect of a dose of 16 grammes which cured loss of will power, mental indolence, stupor on awaking, vertigo, the ground seems to waver under her feet, face pale, great desire to sleep, pulse small, rapid or slow. Such symptoms are often found in chlorotic girls and may, in suitable cases, find their

remedy in *natrum bromatum*. Hering gives us in his guiding symptoms under brom. hammering headache in temples and top of head, left-sided headache, headache deep in crown of head, with palpitations, headache on appearance of menses, fulness in head and chest with difficult respiration a few days before catamenia; symptoms enough to recommend its use in similar cases.

Terebinthina is a great remedy in aural practice. Prof. Weber Liel raises it highly in otitis media catarrhalis and where the tympanic cavity is the seat which causes the deafness. In several cases after the failure of the usual remedies, Goulon mixed equal parts of oleum terebinthinæ and æther. sulphur., together, put on wadding a few drops of the mixture and inserted it into the ears and success followed. The morning aggravation is characteristic for such hard hearing produced by the swelling of the mucous membranes, especially of the Eustachian tube.

S. L.

A writer in the *Lancet* gravely holds that there is danger to doctors who, in visiting their patients, come out of warm houses and sit on the cold seats of their vehicles—they part with their animal warmth to the inanimate material. To protect his brethren against this danger, our philanthropist suggests that they provide themselves with India-rubber hot-water bags on which to sit. When a doctor leaves his "brougham" or carriage he should carefully cover up this hot-water bag with a rug, so as to have it nice and warm for his nates against his return. This is but a sample of the stuff which sometimes finds its way even into a first-class journal. Fancy a man riding around on a bag of hot water! We should expect to find his unmentionables so thoroughly saturated with perspiration as to create a suspicion in his mind that he had been suffering from enuresis. To expose a fundament thus heated to a temperature below zero, would be apt to set up a prostatitis, an epididymitis or a cystitis, and even a urethritis might be set up as acute, though not as specific, as that frequently said to be caused by sitting on other than a buggy-seat.

PROF. FARADAY, in the *Medical Summary*, says: "There is scarcely an article of vegetable food more widely useful and more universally liked than the apple. A raw, mellow apple is digested in an hour and a half. The most healthful dessert that can be placed on the table is baked apples. If taken freely at breakfast, with coarse bread and butter, without meat or flesh of any kind, it has an admirable effect on the general system, often removing constipation, correcting acidities, and cooling off febrile conditions more effectually than the most approved medicines."

A POWERFUL HÆMOSTATIC.—A curious and interesting discovery is reported to have been made in Columbia, which, if confirmed, will be valuable to surgeons. A shrub which is called there "aliza" exudes a juice which is so powerful a hæmostatic that when a knife is smeared with it, and used for operating purposes, the largest vessels may be severed without any hæmorrhage. It is also stated in the South American medical journal from which we quote that hæmorrhage (epistaxis?) is produced by inhaling the scent of the female plant.—*London Lancet*.

Technics: There is much in the practice of medicine, properly followed, to develop the better part of a man's nature. It teaches him to be gentle, to be kind, to be careful, to be attentive, to be courteous, to be patient. It is refining in itself, and the association with dependent creatures should make a man a gentleman—a gentleman in the truest, highest, best sense of the term.

The editor of the *Buffalo Medical Journal* says that within a month he stood by the death-bed of a man to whom a druggist had sold a dozen half-grain morphine pills. Because they looked small he swallowed six at a dose. He rests with his fathers and his widow takes in plain sewing.

Some physicians are very ingenious in devising causes for the ailments which their unerring powers of diagnosis determines. One of these discovered the cause of the lead-poisoning from which he declared his patient to be suffering, to

be the habit of sucking a lead-pencil. The patient did not know that lead pencils do not contain lead; neither did the doctor, but that made no difference.

CLINICAL STUDIES ON CONGENITAL SYPHILIS. (NEUMANN.) *Medizinische Jahrbücher*.—This is a paper by a great specialist on a branch of his subject to which he has given particular attention for years. It is based on material furnished by the extensive University Clinique for Syphilis, the three University Midwifery Cliniques, the large foundling hospital of Vienna, and Professor Neumann's private practice. In his clinical studies our author has investigated the influence on the child of syphilis in one or both parents at the time of impregnation, of syphilis acquired by the mother after conception, and the effect produced on the mother by a syphilitic foetus.

As regards the influence of a syphilitic father, the professor's results though not new, are very important. He finds that when a father suffering from recently-acquired syphilis impregnated a healthy woman without directly infecting her, the foetus, was as a rule, diseased. There was either an abortion or miscarriage. If the father had latent syphilis at the time of impregnation, an abortion occurred when the interval between the inoculation of the father and the fruitful coition was not very long. The longer this interval the less did the child suffer, until finally children born after a lapse of years were quite free from any sign of syphilis. If the father had undergone a course of anti-syphilitic treatment, especially mercurial inunction, his syphilis did not affect the child so severely. Fournier's experience corroborates this. By treating for months with mercury 87 syphilitic husbands, he gave complete protection to their wives and children. Late tertiary syphilis, causing such symptoms in the fathers as cutaneous gummata, did not, as a rule, infect the children. Thirty-five of Fournier's husbands were suffering from gummata when their children were born healthy. That the children were really healthy there can be little doubt. Professor Neumann's opportunities of observing such children for years have been

so exceptional that he considers the possibility of undetected latent syphilis scarcely probable. In his practice a cautious man will give due weight to the facts that latent syphilis, although it may cause no local symptoms in the father, may yet infect the child, and that newly-born children may suffer from visceral syphilis while the skin is completely intact.

That syphilis in the mother, recent at the time of conception, attacks the fœtus severely is of course well-known. In opposition to Hutchinson, Neumann maintains that the older the syphilis in the mother the less the danger of the child being infected.

He has seen women who had borne healthy children when suffering from tertiary symptoms. It is only when there are gummata in the uterus that tertiary syphilis has a direct influence on the fœtus. In time, especially after syphilitic treatment, even when both parents have had syphilis, healthy children may be born.

Twenty cases of syphilis acquired by the mother after conception were observed. Fifteen of the children were healthy, and five syphilitic. The mothers had been infected at periods varying from the first to the eighth month of pregnancy. There seems to have been no connection between the age of the fœtus at the time the mother contracted syphilis and its liability to infection. That the child may be quite free from syphilis is conclusively proved by a striking case. The child of a mother who had caught syphilis in the third month of pregnancy contracted a syphilitic chancre on the navel from condylomata about the maternal vulva and anus. The behavior of post-conceptional syphilis to the fœtus is analogous to that of smallpox. But of course syphilis affects the later children.

Hutchinson and Ricord hold that a syphilitic fœtus must infect the mother. Colles' law and direct experiment support this. The mother must either have syphilis manifest or latent, or is protected against it. In a remarkable case of Neumann's, a sore produced by a corrosive paste on the apparently healthy mother of a syphilitic child gave no signs of a syphilitic taint, and numerous ex-

periments proved that the woman was not only protected against the virus in her own child, but also from extraneous syphilitic matter.

As to the time at which the syphilitic fœtus infects the mother, little is known. Neumann had a case in which the infection occurred on the fourth month, and another on the eighth month of pregnancy. Hereditary syphilis is infectious in the highest degree to all except the mother of the child.

HEAT AS AN OXYTOCIC.—During the past year there have been three communications in the *Age* concerning heat as a new means of hastening labor. There were also a number of articles on the same subject in other journals.

Those old practitioners who are so generally denominated "mossbacks," and "fossils," who know full well that their grand-mothers made use of heat for the purpose noted, are probably keeping still because they dislike to spoil the enjoyment of the new discoverers. I know of many old ladies who learned it from their mothers and grand-mothers, and if it were possible to trace it back we would probably find that these Israelitish women who were too smart for the Egyptian midwives knew of it and practiced it. From a somewhat extensive acquaintance among country practitioners in Southern Michigan, I know that for the last fifteen years it has been commonly used, both by neighborhood midwives and medical practitioners. It is no uncommon thing when reaching a confinement case to have the women in attendance remark that they had not dared to soak the patient's feet in hot water, nor put hot cloths to the abdomen, nor give any hot drinks for fear the doctor would not get there in time. A common practice is to take two good-sized flannels, and keep one heating in a common steamer while the other is applied as hot as can be borne to the abdomen and vulva. This, with many practitioners, is considered a good reliable preventive of the rupture of the perineum. Churchill recommends it for the latter purpose.

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P. S.—Since writing the above I am



reminded of a story that seems to "fit in" so well on this subject of oxytocics that I am constrained to ask you to give it space as a post-script to the above.

While spending a cold winter's night in a farm house, in attendance on a case of confinement, a good old Baptist sister relieved the tedium of the slowly dragging hours with some very droll and amusing stories. Among others she told the following:

Two young men, brothers, went west to speculate. They reached a frontier hamlet, that, as yet, had but one doctor. At the hotel one was heard to call his brother, "Doc." It soon got noised around that a young doctor had arrived, and was looking for a good opening in which to locate. One night a man came to the hotel after bed time, and said that the village doctor was away off on the plains several miles, and that his wife was about to be confined and he wanted the young doctor that he had learned was stopping at the hotel, to come over and attend the case. "Doc" was accordingly aroused, and his brother taking in the situation, told him, in a whisper, to get up and go, and to make believe that he knew all about it anyhow and have some fun. Accordingly he dressed and went as requested. He made careful inquiry concerning what the women present had already done. They told him how they had used hot drinks, hot foot-baths, and hot cloths to the abdomen. He informed them that their treatment was just what he should have used had he been there, and then he asked them if they had "quilled" her. This produced a sensation. Some of the women looked surprised, but could not refrain from giggling. Finally one of their number said they did not know what that meant. He then very coolly asked for a quill and some Scotch snuff, both of which were promptly produced. Having filled the quill with the snuff, he put one end up the patient's nose and blew at the other end. The patient went into a violent fit of sneezing, the waters broke, and in ten minutes the child was born.

The telling of this story made our patient laugh heartily, and as a result a violent pain came on, which was rapidly

succeeded by others, and soon delivery was accomplished.

I know full well of another case, where a young physician was sent to a case of confinement because of sickness in the family of his senior partner, who was the patient's choice. The husband kindly warned the young doctor that his wife would be angry and out of patience with his coming, and that he must make the best of it and not mind what she said.

Sure enough, the young doctor found he had got himself into a hornet's nest. He put up with hard "hetchelling," and made himself as useful as he could, assisting about the application of hot cloths, and other means, to at least keep up as how of doing. Whining and fault-finding, however, he found to be his portion, with no show of a let-up. Finally he jocularly told her that he thought he should sit her up in a rocking chair, get in bed himself, have hot cloths applied, let somebody pull on his hands, and he would "see what he could do." This made the attendants laugh, but so enraged the patient that a violent pain came on, which lasted a few minutes, and ended in a safe delivery. I am not sure that mental impressions and sneezing have ever been properly noticed and classed as oxytocics.

M. R. M.

WATERMELON VINE AS A SOURCE OF MUSK.—In a recent number of *The Medical Record* I called attention to the tip ends of the watermelon vine as a probable source of obtaining musk. I collected a quantity of the young ends and made an aqueous extract, evaporating to a waxy consistence. I have used it in the form of pills in two cases, as a nervine, with very prompt and decided action. I would like to call the attention of pharmacists as well as physicians to it, for further examination. I have been very partial to moschus for many years, in the nervous and hysterical symptoms of young girls.—*N. Y. Med. Record*, Sept., 1886.

CORROSIVE SUBLIMATE IN THE TREATMENT OF PURPURA HÆMORRHAGICA.—A short time since I had a patient suffering from a severe attack of purpura

hæmorrhagica. There were well-marked purpura spots larger than buck-shot scattered over the body, limbs, forehead, and roof of the mouth. There was also free and persistent hæmorrhage from four decayed roots of teeth on either side of the upper and lower jaw. In spite of the heroic use of all the recognized hæmostatics and astringents, both internally and locally, the bleeding continued for seven days. Having tried all the remedies that I had ever heard recommended, with apparently no result, I decided to try the local application of a strong solution (1 to 240) of the bichloride of mercury.

The mouth was well rinsed with this, and pledgets of cotton wet in the solution and applied to the bleeding surfaces.

The bleeding was at once arrested and convalescence established.—*N. Y. Med. Record*, Sept. 25, 1886.

FOUR CASES OF SPURIOUS HERMAPHRODITISM IN ONE FAMILY.—Before the Obstetrical Society of London, Dr. Jno. Phillips gave this family history: Out of nine pregnancies, the fourth, sixth, eighth, and ninth were hermaphrodites. Fright during the third month of pregnancy, in the mother's opinion, caused the first. None of them survived more than a few days, and the author had an opportunity for post-mortem examination. The family antecedents were very carefully gone into, many of them being personally examined. Several defects, such as hernia and the like, had been discovered. A genealogical tree was appended. The author gave a historical view of the whole subject. There appeared two causes at work on the mother's side, in the production of this deformity:

1. The initial fright which she received when pregnant with the first.
2. The continued dread and mental distress which ensued on her bearing a deformed child.

The following conclusions were drawn:

1. A hernial or other weakness present in one parent, acting as a predisposing cause, any deep maternal impression received about the third month, might induce some impediment to the proper differentiation of the uro-genital system.
2. A distinct tendency toward bear-

ing hermaphrodites might be developed in a mother who had already borne one.

CUSTOM OF APPLYING ESCHAROTICS TO EXUBERANT GRANULATIONS.—As the result of some twenty years' experience, I should like to be permitted to enter a strong protest against this time-honored practice, which I have long since abandoned, as unnecessary and barbarous. The surgeon who has recourse to it causes his patient more or less acute pain, amounting, in the case of extreme burns, to absolute agony, and the healing of the wound is in no way promoted; indeed, I have seen small ulcers made larger by the destruction of new tissues at their margin. Exuberant granulations simply indicate local vitality and a healthy process of repair; severely let alone, the wound will heal quite as quickly, under suitable dressings, as after any amount of cauterizing, and I feel sure that no surgeon who has courage once to abandon an antiquated tradition still current in the schools will ever recur to it.—*Brit. Med. Jour.*, Sept. 11, 1886.

REMARKABLE INJURY OF THE FINGER.—M. Thomas, of Tours, has described to the Paris Society of Surgeons a remarkable injury of the third finger which has come under his notice. One of his patients, going home late without his key, wished to climb an iron railing with sharp pointed tops. When dropping down, he felt himself retained by his third finger, which gave way at last; and, going in to his room, he found that his finger was completely stripped of its integuments. A medical man, called at once, found the finger caught on the railing by a ring. The finger appeared complete, but was without the bone. M. Thomas was called an hour after, and reintroduced the bone into the finger. He applied two sutures, and bandaged the hand. The extremity of the finger became gangrenous. However, the patient had from this attempt the benefit of preserving nearly a phalanx and a half of his finger. M. Thomas has not found any such case on record.

PARALYSIS AFTER TONSILLITIS.—Dr. Prévost mentions in the *Archives Méd-*

*icales Belges*, an exceptional case of paralysis of the arm following tonsillitis. An officer had a sharp attack of tonsillitis, so that scarification was necessary, but there was no exudation which might suggest diphtheria. The affection had been cured for some time, and no trace of it remained, when the patient complained of weakness in the right arm, which increased by degrees, and resulted in paralysis. After trying various remedies, the patient was cured, and no trace remained of the paralysis.

CLINICAL LECTURE ON GONORRHOÆAL INFECTION. Delivered at the Hôpital de la Pitié, Paris, by Professor Jaccoud.\* —Gentlemen—We will study to-day the patient who lies in No. 37 bed of our "Jenner" ward. He is 37 years of age, a clerk by occupation, and came in on the 12th instant. His history may seem to you to be all dates; but they permit us to come to conclusions of real interest, as I shall show you.

This man was in his usual good health when, in 1879, for the first time he acquired gonorrhœa, which lasted for a month, and which was cured without complications. In 1882 he had a second attack, which was much more severe both as to symptoms and duration: it lasted from January until May. At the beginning of April of that year, about three months after the infection, he had considerable swelling of the left knee, with violent pains; shortly afterwards this passed up to the hip and also down to the heel of the same side; but the knee was the part most affected. The joint was immobilized, and vesication was employed, it seems; but it ended by his being confined to bed for six months, and for a further period of six months he was compelled to use crutches in walking about. Then came a period of walking with a cane; and finally, about the middle of 1883, he could walk without assistance. In January, 1884, he says he got another gonorrhœa, which was also long and tedious, and in a month afterwards the left leg was affected just as before; but he was able to go and take the mineral-water cure at

Bourbon-Lancy (a hot spring of soda and iron water), where he was cured in a short time. He remained well up to July, 1885, when he got his fourth attack of gonorrhœa, and in July a new arthropathy occurred, this time of the right knee, followed in a few days by pain and great swelling in the right wrist, from which it went to the great toes of both feet, and afterwards to the heels, and then to the hip-joint. He was then brought to the hospital.

On examination, we find considerable swelling of the right knee, with the patella raised and the synovial sac distended with effusion; but there is no redness, and the pain is not very great. The metatarso-phalangeal articulation of the big toe is very painful and swollen, but the color of the skin is not altered. The little finger of the right side is in the same state, on the level with the same joint, as the toe (that is, at the articulation of the first phalanx with the second); the wrist is also painful, but there is no redness or swelling to be seen at present. As to the other side, strange to say, the left knee, which, as you remember, was the first affected, does not show any symptoms, except that, on moving it, the articulation makes a crackling sound. His general health is not altered, the heart is intact, and the urine normal; the urethral flow persists, but it is not abundant, and micturition is painless.

We have here, then, the most perfect type of articular complications that gonorrhœa can produce. These blennorrhagic arthropathies have long been called *gonorrhœal rheumatism*, which is certainly a wrong title. If we look at the whole of this man's history, we can readily deduce from it a number of important and positive lessons that I will first of all present to you as propositions.

First. The absence of articular manifestations during an attack of gonorrhœa does not at all imply that there will be immunity from them in case of ulterior gonorrhœas.

Second. On the contrary, the presence of such articular manifestations during a gonorrhœa does not imply the repetition of the same in case of further infection.

\* Translated for the Philadelphia *Medical Times* from advance sheets.

Third. The chances of articular manifestations increase with the number of attacks of gonorrhœa. This proposition, like the preceding one, is the expression of what has happened to our patient ; for the interval between the commencement of his first attack and the appearance of the arthritis was three months. But it was only one month for the second attack, and less for the third : so that the predisposition increases with the repetition of the malady.

Fourth. Gonorrhœal arthritis often attacks only one joint ; but it may be found in several, and that from the very first sign of its appearance.

Fifth. The small joints may be affected as well as the large ones.

Sixth. The treatment called "abortive," used in gonorrhœa, is not the cause of the arthropathy, for our patient has never been submitted to this form of treatment.

Seventh. The treatment used in gonorrhœa has no influence over the development of these arthropathies. He was always treated in the same way, and had no attack with his first gonorrhœa, but had with the three others.

These are the interesting conclusions we reach from the study of a single case. Now I should like to look at the history of these cases from a general point of view, and see what is the relation between gonorrhœa and these articular manifestations, and what other complications it is capable of producing. The sole cause of these arthropathies is true gonorrhœa, contagious and specific ; the other kinds of urethritis can not produce them. They are more frequent in men than they are in women (who can have them, however) ; and they are quite independent of any rheumatic diathesis. These arthritic troubles also have nothing to do with the abundance of the flow, as they will occur quite as often when it is copious as when it is ceasing. Nor do they present any regularity as to the time of their appearance ; though they develop frequently between the sixth and fifteenth day, as Fournier has so well observed, they may come on much later, as the history of our patient shows. The truth is that your clients may be exposed to them as long as their gonorrhœas may last. All that I can

admit from my observation is that the period from the second up to the fifth week is the one to be dreaded. The old idea that when the running ceases the arthritis shows itself is proved now not to be true, for it is rare that the flow is even diminished in volume in these attacks. Finally, these complications are more common in youth and in adult age than they are in after-life—this is independent of the fact that gonorrhœa is more frequent in younger men—for in old age the disposition to arthritis of this nature seems to be diminished, or at least attenuated.

The predilection of these arthropathies seems to be first for the knee ; next the tibio-tarsal articulation ; then the toes and fingers ; and, lastly, the wrist, elbows, and shoulders. It is important to note that the vertebral articulations can also be affected. An English writer\* assigns the first rank as to frequency to the elbow-joint ; but this conclusion is not justified by the statistics of other observers. In two-thirds of the cases more than one joint is affected.

The clinical forms of the disease are not always the same. There are three principal kinds. In the first it is something like an acute hydrarthrosis, there are no general symptoms, and the local pain is more or less severe. The important point to be observed is that there is a *rapid effusion* into the articulation affected. In the second form, which is the most common, there are symptoms of an acute fluxion of one or more joints, and the pain is intense. The tumefaction is considerable, and it is due not only to the effusion, but also to a swelling of the extremities of the bones and the peri-articular tissues. There may be some superficial redness and local heat, or even a slight fever. While this form presents some analogy with acute articular rheumatism, it is essentially different ; for, even when it is multiple, it never presents the general diffusion of rheumatism. It also has not the usual and characteristic mobility of rheumatism, for it fixes itself, and when a new joint is affected the others remain just as they were.

\* Davies Colley on "Acute Gonorrhœal Rheumatism." Guy's Hospital Reports, 1883.



Again, there are none of the profuse sweats of rheumatic arthritis. Fever also is slight. When it does exist, which is rarely, it is of very short duration, and never rises to the thermal points that a rheumatic fever does. The urine also is not charged with uric acid products, as in rheumatism; so that the analogy to this last disease is merely apparent. The third form is constituted solely by pain, without swelling or deformity of the joints.

The *evolution* of these arthropathic affections is a very long one. In light cases they may arrive at resolution in four weeks, but this is the exception. The rule is that it will be months before the patients will recover the use of their limbs. Resolution also is not the only termination, for Bradford twice observed ankylosis of the vertebral column.\*

White swellings and endocarditis are further complications. The possibility of endocarditis was for a long time denied, but it is now perfectly well established. Indeed it may occur directly from the gonorrhœa itself, when arthritis is not present, as Baudin proved in 1879; but it is of course more frequent in the articular disorder. It is as a rule, light; but it can take on the character of infectious endocarditis.

The problem of the *pathogeny* of articular accidents in gonorrhœa has given rise to many theories; but they can mostly remain now among the historic souvenirs of the past. The only one that has obtained any credit is Lasègue's idea that a purulent infection can act by reabsorption of the pus. Haslund in 1881, and Holst afterwards, published observations showing that a purulent infection from gonorrhœa can give rise to a general pyæmic state; and in this, gentlemen, lies the truth. Gonorrhœa a local affection, can engender, by *reabsorption of urethral products*, an affection at a distance, such as the articular disease we are talking about. This interpretation cannot be contested to day, for other proofs that the evolution of

secondary accidents in the joints are now in our hands.

In 1879 Neisser discovered the special microbe of gonorrhœa, the gonococcus. These organisms color well with methyl-violet; they are large, round, rarely alone, mostly united in twos, giving the appearance of the organisms in the form of an 8 (the diplococcus). They are constant in gonorrhœa in women, as well as in men. Neisser found them even in quite old gleans, and also in gonorrhœal ophthalmia; they cannot be found in the other discharges of the urethra. This microbe is found in the interior of pus-globules as well as on their surface (contrary to what Neisser thought), and they also invade the epithelial cells, as Bouchard, Cornil, and others have shown. The drawings on the wall will show you the gonococcus as taken from our patient by M. Berlioz.

The specific action of the gonococcus, indirectly established by its absence in other liquids than the gonorrhœal pus, has been directly shown by Bockhardt and Welander. This last observer introduced into the urethra vaginal liquids with various forms of micro-organisms, but without the gonococcus, and he obtained negative results until he introduced them, when he produced this special microbe in all his cases. Its *migration* is also as well established, for Schedler\* showed the presence of this form of microbe in the vegetations of the endocardium. Later, in 1882 Martin † found them in purulent matters of blennorrhagic origin. The following year Petrone ‡ saw them in the liquid taken from joints that were swollen. Again, Bockhardt, in 1882, introduced the fourth generation of a culture of this microbe into the healthy urethra of a man, with the result of a profuse production of the gonococcus.

We can conclude, then, that gonorrhœa is a local infection that is capable of generalization; hence, that it presents two periods: 1, local infection; 2, dif-

\* Schedler: "Zur Casuistik der Herzaffectionen nach Tripper." Berlin, 1880.

† Martin: "Etude sur les Métastases suppuratives d'Origine blennorrhagique," in *Revue médicale de la Suisse romande*, 1882.

‡ Petrone: "Sulla Natura parasitaria dell' Atrite blennorrhagica." *Rivista clinica di Bologna*, 1883.

\* Bradford: "Ankylosis of the Spine following Rheumatism in Three Cases, Two of them being of Gonorrhœal Origin." *Annals of Anatomy and Surgery*, Brooklyn, New York, 1883.

fuse infection, whose effects may be seen in the eye, in the articulations, in the heart, and in the nerves, and particularly the sciatic nerve.

In regard to treatment, these precise notions of the nature of this malady have not had the influence on its therapeutics that might have been supposed. It would seem at first sight that the "abortive" treatment, would be justified in all cases ; but this is not so, for when one sees at least a drop of pus at the meatus, the lymphatics are *already full of the gonococcus*, which cannot be reached. Again certain agents which were thought to have a destructive action on these microbes have been found by experiment not to kill them. The solutions of nitrate of silver, boric acid, iodoform, eucalyptus, and even corrosive sublimate are not found efficacious. Eklund found that a ten-per-cent. solution of the sublimate failed to destroy the gonococcus, which did not lose its power of movement for several hours.\*

The only antiparasitic agents the utility of which has been established are carbolized water and chloral,—injections of one part to six hundred for the carbolic acid, and two or three hundred for the chloral ; but all these measures need an internal treatment added as well ; and this medication remains to-day what it has always been—that is, copaiba and cubebs.

#### REPORT ON RECENT PROGRESS IN GYNÆCOLOGY AND OBSTETRICS.

BY

W. H. H. GITHENS, M.D.

*Prevention of Puerperal Pyrexia by Antiseptic Vaginal Douches.*—A valuable study of antiseptics in private obstetric practice, by Henry D. Fry, M.D., of Washington, D.C., appears in the April *American Journal of Obstetrics*. The measure of effect is by four thermometric observations each day. He does not use uterine injections, and resorts to one vaginal injection only, immediately after labor, unless the lochia become offensive. He is careful to cleanse the accoucheur's

hands antiseptically. A rise of temperature at any time after labor he considers pathological, and "milk fever" a mild form of septicæmia.

*Asphyxia of the Newborn.*—In the same journal, Dr. Geo. H. Noble, of Atlanta, Georgia, shows that asphyxia neonatorum, in some cases at least, depends upon anæmia of the brain, and can be relieved by holding the child up by the feet, the head hanging down.

*Tumors Complicating Pregnancy.*—In the same journal is a report by M. Hofmeier, M.D., on Cæsarean section when pregnancy is complicated by tumors of the parturient canal. The prognosis depended largely on whether the patients came under treatment during pregnancy or not until during labor. In twenty-eight such cases during pregnancy, all the mothers and fifteen children were saved. In twenty-five cases of labor so complicated, fifteen mothers and twelve children died. In the twenty-eight cases treated during pregnancy, section was performed seven times. In one instance a uterine myoma was removed at the fifth month, pregnancy continuing to term with delivery of a living child.

*Cancer of the Ovary.*—E. Cohn, assistant at the clinic of Prof. Schroeder, has collated one hundred cases of malignant tumors among six hundred ovariectomies performed in nine years. He includes papillary cysts on accounts of their tendency to carcinomatous degeneration and frequency of return. In this his experience differs from that of Dr. Goodell, who was found them benign. Of these one hundred malignant cases, fourteen operations could not be completed, nineteen patients remained well at the end of one year, and three of these died subsequently of relapses.

Martin had observed only twelve malignant cases among one hundred and ninety-one ovariectomies. He ascribes this low proportion to his habit of removing ovarian tumors when very small.

*Vaginal Hysterectomy for Cancer.*—Of eighty total extirpations of the uterus through the vagina by Martin, only seven had died. Based on these statistics, Duevelius draws the conclusion that vaginal hysterectomy is the less dangerous operation. He gives an analysis of one hundred and thirty-eight

\* Eklund : "Note sur les Microbes de la Blennorrhagie." *Ann. de Dermat. et de Syphilis*, 1882.

cases of partial and total extirpation of the uterus for cervical carcinoma. In the first place, he divides carcinoma into three varieties : 1. *Epithelioma of the cervix*, with cauliflower excrescences and profuse secretion and hæmorrhages. This form extends early to the vagina, but comparatively late to the uterus ; hence remains local for a very long time. To this form partial extirpation is pre-eminently adapted. 2. *Adenoma of the cervical mucosa*, which tends less to new formation and more to ulceration ; easily spreads to the body of the uterus along the mucous membrane, and leaves the vaginal cervix long intact. This form is slow in giving rise to symptoms. 3. Begins as a circumscribed cancerous infiltration of the tissues of the cervix, which is irregularly tumefied : and finally it ulcerates through towards the outside or inside of the cervix.

The latter two forms, as a rule, can be operated on with any prospect of permanent success only by the total extirpation, as they readily spread over the entire uterus and their limits cannot be at once determined.

Of the cases analyzed, twenty died ; ten complete and ten partial. Of those treated by total extirpation (twenty-nine) one-half had relapses within a year after operation. After two years, one-fourth still remained well,—such result being a full justification of the operation as a means of prolonging life. Of those treated by partial extirpation (eighty-five), forty-five remained well at the end of a year, and observation for five years did not greatly modify this proportion.

[A successful case of complete extirpation was reported by Dr. Wm. Goodell to the Obstetrical Society of Philadelphia, April 15, 1886.]

*Ovulation and Oöphorectomy.*—In a lecture delivered by Mr. Lawson Tait, he stated as a well-known fact that, while menstruation occurs only at definite and regular times, ovulation may take place at any period, and it certainly is by no means so frequent as menstruation.

He gives as a frequent cause of salpingitis in young girls between the ages of sixteen and twenty, who are pure virgins, a chill after a dance, or sitting on damp grass after playing tennis.

He answers the objection urged against the removal of the ovaries as unsexing the patient by stating that the ovaries are generally small and are bound down by adhesions. The Fallopian tubes are found adhering to the pelvis and are frequently occluded. The patient is thus completely sterilized by the disease itself, and this fact removes the objection that surgical interference prevents any further impregnation ; besides, the operation relieves the great pain and suffering. The dyspareunia is hereby removed, and thus operative procedure is the only possible way of resexing the patient.

He thinks catarrhal salpingitis a prominent agent in the causation of tubal pregnancy,—“spermatozoa going up the tube because they have no ciliæ to fight against.”

Dr. Howard A. Kelly, in the Transactions of the Obstetrical Society for April 15, 1886, demonstrates by description and illustration the changes which take place in the relations of the tubes and ovaries as a consequence of chronic salpingitis and the extension of the inflammation to surrounding tissues.

*The Removal of Tumors of the Abdominal Wall, with their Peritoneal Covering.*—Sänger (*Archiv. f. Gynäk.*, xxiv. 1), in a recent article, treats of the removal of tumors of the abdominal wall when the peritoneal covering is so closely adherent that it can be preserved only by such a difficult dissection as would leave a large thin sheet of peritoneum without good vascular connections. He removes the tumor, in one case which he reports, and brings the margins of the incision—muscle and skin—together by sutures, and leaves the internal surface without any attempt to bring the peritoneum together. Sänger reports experiments upon animals in which he found that healing takes place and endothelium is formed as is epidermis after the destruction of skin.

*Infantile Jaundice.*—H. Quincke (*Archiv für Pathologie und Pharmakologie*) maintains that the common form of infantile jaundice is due to the continued patency of the ductus venosus. During fœtal life the blood of the portal vein contains no bile-pigment, as no digestion



takes place and but little bile enters the intestine. After birth, bile is poured into the intestine in large quantities, and a portion is absorbed by the portal system of veins and conveyed to the liver, where it is separated from the portal blood. Should there, however, be a delay in the closure of the ductus venosus, a portion of the portal blood containing bile enters the general circulation through the open duct, and gives rise to a more or less intense jaundice, which disappears on the contraction of the duct.

*Attitude of the Parturient Woman.*—

In the *American Journal of Obstetrics*, June, 1886, is an article by H. B. Hemenway, M.D., strongly recommending a sitting position during labor. Among others, he gives the following reasons: Gravity, bringing the vertex more firmly on the os, increases the force of the uterine contractions from reflex influence. The upright position favors the formation of a large "bag of waters" in advance of the foetal head, thus facilitating the dilatation of the os uteri and the soft parts, and preventing friction between the foetus and the parturient canal. The position of the woman should be so arranged as to increase the lumbar curve, thus throwing the fundus of the uterus forward, that the contractions of the abdominal muscles may be thoroughly utilized. The article is ably written and is well illustrated.

*Retroversion and Flexion of the Uterus.*

—At the November meeting of the Obstetrical Society of Philadelphia, Dr. Howard A. Kelly read a paper upon a new method of curing "vicious" retroversion and flexion of the uterus that could not be relieved by pessary, tampon, intra-uterine medication, or any of the ordinary methods of treating that trouble. The plan was to secure the cornua of the uterus by means of sutures to the abdominal wall, at least two inches above the pubes, to allow for distention of the bladder. He had adopted the method in one case in which he had previously removed the appendages for ovarian disease. The result was very satisfactory. Communications concerning somewhat similar operations from Keith, Tait, and Säger were read. The paper will appear entire in the *American*

*Journal of the Medical Sciences*. The name suggested for this operation is *hysterorrhaphy*.—*Ibid*.

REPORT OF PROGRESS IN ORTHOPÆDIC SURGERY. By E. H. Bradford, M.D., and R. W. Lovett, M.D.

*Lateral Curvature.*\*—The occurrence of lateral curvature at different ages is very fully discussed by Dr. Samuel Ketch. He quotes passages from the leading orthopædists to show that the prevailing idea is that it is a disease occurring for the most part about the age of puberty, the only authors who dissent being Adams, Eulenberg, Hueter and Shaffer. He takes exception to this idea and quotes Eulenberg's cases. In 1,000 cases of lateral curvature collected by him, 87 per cent. are recorded as beginning before the tenth year, 57 per cent. of all cases occurring between the ages of seven and ten. Ketch collected the cases of lateral curvature treated at the New York Orthopædic Dispensary within the last eight years. Of 229 cases, 189 were in females. It occurred from birth to the twelfth year in 52 per cent.; from the twelfth to the eighteenth year in 41 per cent.; from the eighteenth year upward in 3½ per cent.; period of appearance not noted in 2½ per cent. The youngest case was two weeks old. He concludes first, that rotary lateral curvature is principally a disease of childhood and may be congenital or acquired; and second, that puberty, except as a concomitant occurrence has no direct causative influence.

*A New Method of Applying the Plastic Jacket in Scoliosis.*—Fraenkel† announces a new method based upon the necessity of over-correction of the lateral curvature. He insists upon the importance of this over-correction in other deformities (club-foot, etc.), and describes how it can be applied to the spine. The child must undergo a preliminary course of treatment directed to restoring flexibility to the spine; this is done by the ordinary methods of bending the child over the knee, and common gymnastic exercises. When a mod-

\* New York Medical Record, April 24, 1886.

† Berl. Med. Wochsch., May 8, 1886.



erate degree of flexibility is restored the patient is suspended in Sayre's sling, bandage swaths are stretched over the convexity of the two curves, primary and secondary, and carried off to the opposite side. An assistant then pulls on each side, over-correcting both curves and keeping up the over-correction until the jacket is applied and is hardened. He recommends the frequent reapplication of the jacket.

Petersen\* claims to accomplish the same thing by the use of Barwell's sling while the patient is suspended; in this way much less assistance is needed.

#### *Statistics of Lateral Curvature.*—

Kölliker† has had an opportunity to observe and classify 721 cases of true lateral curvature. Of these 577 were in females and 144 in males. He found, however, that of the severe cases alone, the numbers of the different sexes were more nearly alike, and that in the most severe cases, the number of males predominate. Simple dorsal scoliosis is the most common form (381 cases) and the next most common form is the typical S-curve (172 cases), that is, with the projection of the right shoulder and left lumbar region—the reverse double curve was only seen in 22 cases.

He found, however, that of the single curvatures the convexity was more frequently to the left than to the right. The left dorsal scoliosis appeared to be the variety most readily healed.

*Club-Foot.*—Ried‡ contributes the histories of seven cases operated on by him for severe club-foot by resection of the tarsus. The operations were said to have been followed by satisfactory results in all cases.

In opposition to many writers he is an advocate for extirpation of the astragalus with resection of the tip of the fibula in younger persons in cases of severe club-foot, and of wedge-shaped osteotomy in older cases with much distortion of bone, presenting his reported

cases as proofs in favor of his argument. Wedge-shaped resection of the tarsus he does not consider advisable in younger cases; but removal of the astragalus he advocates together with section and removal of a part of the anterior process of the calcaneus and of the posterior surface of the cuboid, even in children of two years of age. The incision for the removal of the astragalus advocated is a curved one from the outer malleolus across the projection of the astragalus to the inner edge of the extensor tendons. If any thickening of the sheath of the tendons is present it can be trimmed off so as not to interfere with the healing process.

The foot should be kept in a fixation and correction apparatus after the operation, which should be worn some time.

In opposition to the views of Reid, Wolff\* claims that better results can be obtained by the means of forcible correction with the subsequent wearing of a fixed bandage than by any operative measures. He cites a case of a patient nineteen years of age with severe congenital deformity—(talipes equinovarus)—where a cure was practically accomplished in five months. In a second case, a paralytic deformity in a patient twenty-four years of age complete correction was accomplished in five weeks. The writer claims that in all cases complete correction is possible without the use of the knife in any other way than for tenotomy of the tendo-aphillis.

In a clinical lecture Dr. A. S. Roberts† gives some very interesting facts about the aetiology and varieties of club-foot. In speaking of the treatment of it he directs attention to the lateral deviation of the anterior part of the foot. Taking the medio-tarsal joint as a starting point, he found that the part of the foot in front of it made an angle with the part behind it that varied much in the different conditions. In normal feet the angle varied from 26° to 37°; in valgus it averaged only about 8°, in severe cases falling as low as 5°.

\* Langenbeck's *Archiv.*, Heft 1, Bd. 32.

† *Centralblatt f. Chirurgie*, No. 21, 1886, p. 371.

‡ *Deutsche Zeitschrift f. Chirurgie*, 23d Bd., 5th and 6th Heft., p. 530.

\* *Berliner klin. Wochenschr.*, 1885, Nos. 11 and 12.

† *Philadelphia Med. News*, 1886, 48, p. 309.

In varus cases, on the other hand, the angle averaged  $51^{\circ}$ , and any thing over  $40^{\circ}$  Dr. Roberts considers abnormal. The treatment advocated for the correction of varus and equinus is extension by Shaffer's shoes, which are slightly modified by Roberts and are quite clearly figured in the article.

The article on club-foot by A. S. Roberts and Samuel Ketch <sup>†</sup> in Wood's "Reference Handbook," is a most complete treatise on the subject. An analysis, as to the frequency of occurrence, of several hundred reported cases leads the authors to the following conclusions:

(1) That it is most frequently found in males.

(2) That talipes varus predominates.

(3) That the right foot is oftenest affected.

(4) That both feet are more frequently affected than one alone.

(5) That primitive forms are rare.

A very full discussion of ætiological theories follows and Berg's theory of arrested rotation is accepted as the most likely one. The history and literature of the subject is presented in full. The treatment advocated is that which is identified with Dr. Shaffer's extension shoes, namely, strong force exerted by means of hinged-lever and screw apparatus applied daily for a few minutes at a time. The article is fully illustrated by cuts of the different varieties of the deformity and of apparatus.

Dr. Gibney,\* in an article on "Club-Foot," discusses at length the question of tenotomy. The objections ordinarily made to it he formulates as follows: (a) that it weakens the foot; (b) that it tends to produce calcaneus; (c) that the cicatrices resulting from it make subsequent treatment unreliable; and (d) that it is a painful operation. He disposes of these objections with an answer to each one; some of the answers are, however, not very convincing. He then discusses the abuses of the operation, which have brought it into bad repute in many places. They are: (1) incompleteness of operation;

(2) failure to correct or over-correct the deformity; (3) too early use of the foot in paralytic cases; (4) the use of tenotomy where there are cicatrices from old operations; (5) operation without after-treatment. If these abuses are guarded against, he advises the performance of tenotomy in most cases. The remainder of the paper is taken up with a discussion of the other methods, "rapid cures," tarsoclasia, open methods, and tarsotomy.

*Club-Foot.*—Mr. Parker gives a brief *résumé* of the work on "Club-Foot," which was done by him, in connection with Mr. Shattuck, and reported by them to the Pathological Society. They started upon their dissections with the idea in their minds that either spasm or paralysis of the muscles was the cause of the deformity, but the deformity persisted after the muscles were dissected off, and not until certain ligaments had been divided was reduction possible. The ligaments can not be said to be "shortened"; they are normal in structure, and give no evidence of having undergone any pathological process; they are simply shorter than normal. This is the only constant condition, but more or less inclination inward and forward of the head of the astragalus is apt to be present. The average angle of inclination in a normal foot is  $38^{\circ}$ ; in talipes varus it averages  $49^{\circ}$ , reaching  $64^{\circ}$  in some cases. There is a more or less incurved condition of all the bones of the foot; the muscles of the foot and leg, the nerve-trunks, and the spinal cord are normal. The ligaments at fault are the inner ones, along the incurved side of the foot, and in severe cases, the long and short plantar ligaments. From the division of these ligaments in many suitable cases, Mr. Parker has had uniformly successful results.

Following are the rules for the division of the ligaments: For the inner one (which is the anterior part of the internal lateral ligament, described under the name of the astragalo-scaploid capsule), a curved tenotome is entered just in front of the internal malleus with the point toward the sole. The knife should be kept between the skin and the

<sup>†</sup> Wood's Reference Handbook, Vol. II., p. 196.

\* N. Y. Medical Journal, 1886, XLIII, 427.

ligaments, and they are cut down upon with a 'sawing motion'; the tibialis posterior and anticus muscles will naturally be cut at the same time. For the division of the plantar ligaments, long and short, the calcaneo-cuboid articulation is chosen. A knife is entered at the outer edge of this, and the line of the articulation is followed when both ligaments are divided at the same time. The operation should be wholly subcutaneous, and a plaster-of-Paris bandage applied at once, which holds the foot in its new position.\*

#### ITEMS.

Gambetta's brain weighed only thirty-eight and four-tenth ounces.

To explain his short stature, a Rondout, N. Y., man said that when a baby he was fed on condensed milk.

Some important changes and improvements will appear in the January, 1887, issue of this journal, including an increase of size.

Dr. Walter Channing, in the *Boston Medical and Surgical Journal*, reports a case of epilepsy of forty-five years duration, with autopsy.

Send your address to the Rio Chemical Co., St. Louis, Mo., for a copy of testimonials, and their elegant and useful pamphlet on *Celerina*.

Dr. C. J. Denny, of St. Paul, Minn., notes the fact that Carnrick's soluble food forms a nearly physiological substitute for mother's milk.

A few weeks ago a girl was suffocated by a number of lumbricoid worms becoming impacted in the larynx, she having presumably vomited them.

Hydrophobia has been the cause of twenty-seven deaths in London during the past year, so the *Globe* declares. The average number for the previous ten years was six.

An almost painless method of treatment for the cure of hemorrhoids is a subject upon which Dr. J. H. Waddell, Wauseon, Ohio, has issued some interesting lectures which he sends on application.

The medical education of women in Edinburgh.—After an interval of more than twelve years, women are now admitted to medical education in Edinburgh; six women have entered upon the first year's course of studies.

There are said to be 5,000 patent medicines of American concoction now on the market, and the trade amounts to \$22,000,000 per annum. Of this, \$10,000,000 are expended in advertising, and the net profits are set down at \$5,000,000.

Dr. Ayre, of Boston, reports a case of whooping cough in a patient aged 51 years.

The Noble County (Ind.) Medical Society receives \$500.00 a year for caring for all the sick paupers in that county. The member nearest the pauper treats the same. The money is used for building up a society library.

Duhing's "Treatise of Diseases of the Skin" has just been published in the Russian language. This is an additional compliment to a Philadelphia author, whose work has already appeared in two editions in English and has been translated into French and Italian.

In one of President Cleveland's vetoes he calls attention to the fact that the wound for which a man asks compensation from the government was received while he was engaged in a private pillaging expedition, and was hunted down by the Home Guards.

The crematory near New York has during its short career had more cremations than any other institutions of the kind in the country, but its business does not now attract the attention it did at first. The novelty of the thing has worn off, and very likely the desire of people to be burned instead of buried has somewhat lessened.

A method of introducing the catheter without pain.—Dr. J. A. Stamp fills an ordinary male urethral syringe with hot water and attaches it to a soft rubber catheter. He introduces the catheter slowly, and at the same time slowly injects the hot water. This distends the urethra as well as relaxing the spasms, and allows the catheter to enter the bladder.

The interval between marriage (*British Medical Journal*), and the birth of the first child, is given in over 6,000 cases in a table prepared by Ansell. This gives a mean interval of nearly sixteen months. The majority are born before the close of the first year. Nearly seven-eighths before the close of the second year. In 421 cases the first child was born after three years of married life, and before the fourth year was completed; while in the years after the fourth there were only 222 taken altogether.

An inspection of the original returns upon which the Louisville, Ky., health officer makes his report shows the strange diseases of which many die. The daily papers of this city were some days ago speaking of an unusual disease which had made its appearance in our midst as gathered at the health office, denominated "hopping calf." One accurate observer puts down the death of his patient as due to "phesis," surmised to be phthisis; spinal gets claims its victims; come too soon, another. The occupation of a still-born child is put down as that of a shoemaker: in fact, the nomenclature of diseases sadly puzzles a number of the so-called doctors, somewhat after the style of the friend of the unfortunate who stated that he went home and found his wife in bed with cerebro-spinal-meningitis. His friend asked him what did he do. What could I do? he exclaimed, whereupon his friend remarked, that he would have shot the Italian sun-of-a-gun at any rate.

\* *British Medical Journal*, 1886, II., 10.

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